

FILED FEB 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 2983
Registrar's No. 0875

318

1003

No. 300
10-48

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 1 wk		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bethesda Hospital				e. STREET ADDRESS (If rural, give location) 8504 Water St.			
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Ella c. (Last) RALSTON			4. DATE OF DEATH (Month) (Day) (Year) January 29, 1955				
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow		8. DATE OF BIRTH Apr. 22, 1895	
9. AGE (In years last birthday) 57		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) shoe worker		10b. KIND OF BUSINESS OR INDUSTRY Hamilton Shoe		11. BIRTHPLACE (City and State or Foreign Country) Vienna, Missouri	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James M. Eades			13b. MOTHER'S MAIDEN NAME Laura			14. NAME OF HUSBAND OR WIFE deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY 493-01-5904		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Everett Schwegmann, Arnold, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Squamous cell carcinoma DUE TO (c) of l. buccal mucous membrane invading mandible II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. invading mandible					INTERVAL BETWEEN ONSET AND DEATH 1 wk
19a. DATE OF OPERATION 21 Jan. 55		19b. MAJOR FINDINGS OF OPERATION Carcinoma of l. buccal m. m. invading mandible; Radical neck dissection					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR? 144X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from 7 Jan. 1955 , to 28 Jan. 1955 , that I last saw the deceased alive on 28 Jan. 1955 , and that death occurred at 3:08 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) James A. Bondy, M.D.				23b. ADDRESS 3770 Washington Blvd.		23c. DATE SIGNED 29 Jan. 55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2/1/55		24c. NAME OF CEMETERY OR CREMATORY New St. Marcus		24d. LOCATION (City, town, or county) (State) Affton 23, Mo.	
DATE REC'D BY LOCAL REG. JAN 31 1955		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fendler Und. Co., 7420 Michigan Ave.			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Case by ap

S.P. (Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *W.G. Peterson*.....

Licensed Embalmer No. *3762*

P. O. Address *7420 N. 1st*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.