

FILED JUN 30 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19940

318

1003

Registrar's No. 5014

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				b. COUNTY									
b. CITY (If outside corporate limits, write RURAL and give town or township)				c. CITY OR TOWN		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>											
c. LENGTH OF STAY (in this place)				505 Oakwood avenue													
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location)													
BARNES HOSPITAL				505 Oakwood avenue													
3. NAME OF DECEASED (Type or Print)			a. (First)			b. (Middle)			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year)					
Mary			Laura			Christine			June			8, 1955					
5. SEX		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday)		IF UNDER 1 YEAR		IF UNDER 24 HRS.					
female		white		married		12-7-1912		42		Months		Days					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and State or Foreign Country)				12. CITIZEN OF WHAT COUNTRY?					
housewife				at home				Louisville, Ky.				USA					
13a. FATHER'S NAME				13b. MOTHER'S MAIDEN NAME				14. NAME OF HUSBAND OR WIFE									
George A. Perry				Laura Louise Murphy				Aurel B. Christine									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.				17. INFORMANT'S SIGNATURE OR NAME				ADDRESS					
no				none				Aurel B. Christine, Webster Gr.				MO.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH					
				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of ovary (primary site) with metastases to peritoneum</u>								9 mos.					
				ANTECEDENT CAUSES													
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.													
				DUE TO (b) _____													
				DUE TO (c) _____													
				II. OTHER SIGNIFICANT CONDITIONS													
				Conditions contributing to the death but not related to the disease or condition causing death.													
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)									
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"/>				21f. HOW DID INJURY OCCUR?				175X					
22. I hereby certify that I attended the deceased from <u>June 4, 1955</u> , to <u>June 8, 1955</u> , that I last saw the deceased alive on <u>June 8, 1955</u> , and that death occurred at <u>5:40 P.M.</u> , from the causes and on the date stated above.																	
23a. SIGNATURE (Degree or title)						23b. ADDRESS						23c. DATE SIGNED					
<i>C. J. Verillan, M.D.</i>						BARNES HOSPITAL						6/6/55					
24a. BURIAL, CREMATION, REMOVAL (Specify)				24b. DATE				24c. NAME OF CEMETERY OR CREMATORY				24d. LOCATION (City, town, or county) (State)					
burial				6-11-55				Resurrection Cemetery				St. Louis County, Mo.					
DATE REC'D BY LOCAL REG.				REGISTRAR'S SIGNATURE				25. FUNERAL DIRECTOR'S SIGNATURE				ADDRESS					
JUN 9 1955				<i>J. Carl Smith, M.D.</i>				M. J. Crogan,				831 East Big Bend					

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

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 *Ben C. Woffman*.....

Licensed Embalmer No. *436*.....

P. O. Address *Albany*.....

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.