

FILED JUN 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20429
State File No. 5013
Registrar's No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (If in this place) Life	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION 4434 West Pine Blvd.		STREET ADDRESS (If rural, give location) 19 4434 West Pine Blvd. 2199D	

3. NAME OF DECEASED (Type or Print) a. (First) Agnes b. (Middle) Denvir c. (Last) Stith			4. DATE OF DEATH (Month) (Day) (Year) June 8, 1955		
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH June 21, 1887		9. AGE (In years less birthday) 67 - IF UNDER 1 YEAR: Months 11, Days 17 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Housewife-at home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME John B. Denvir		13b. MOTHER'S MAIDEN NAME Agnes Gorman		14. NAME OF HUSBAND OR WIFE Mr. Richard T. Stith	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none known		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Richard T. Stith, 4434 West Pine Blvd.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma of Lung ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General carcinomatosis DUE TO (c) Mammary carcinoma II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 3 mo 1 year 6 years	
--	--	---	--	---	--

19a. DATE OF OPERATION 5/31/49		19b. MAJOR FINDINGS OF OPERATION Mammary adenocarcinoma		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)	
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? 170X	

22. I hereby certify that I attended the deceased from 5/30, 1949, to 6/8, 1955, that I last saw the deceased alive on 6/7, 1955, and that death occurred at 10 a. m., from the causes and on the date stated above.

23a. SIGNATURE Remmet Hau MD		(Degree or title)		23b. ADDRESS 1117 n Grand		23c. DATE SIGNED 6/9/55	
---------------------------------	--	-------------------	--	------------------------------	--	----------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 11, 1955	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
---	----------------------------	--	--	---	--

DATE REC'D BY LOCAL REG. JUN 9 1955		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE J. Donnelly		ADDRESS 3840 Lindell Blvd.	
--	--	--	--	---	--	-------------------------------	--

(Licensed Embalmer's Statement On Reverse Side)

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 *Francis Williams*

Licensed Embalmer No. *350*
P. O. Address *3840 Le...*

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.