

No. 300
10.48

FILED AUG 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24532

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5716**

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 MO**

c. CITY OR TOWN **ST. LOUIS**

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **MISSOURI BAPTIST**

STREET ADDRESS (If rural, give location) **18 3832 LACLEDE**

3. NAME OF DECEASED
a. (First) **ANNETTE** b. (Middle) **WAYANT** c. (Last) _____

4. DATE OF DEATH (Month) (Day) (Year) **JUNE 30 1955**

5. SEX **FEMALE**

6. COLOR OR RACE **WHITE**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED**

8. DATE OF BIRTH **SEPT 14 1902**

9. AGE (In years last birthday) **52** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **HOUSEWIFE**

10b. KIND OF BUSINESS OR INDUSTRY **AT HOME**

11. BIRTHPLACE (City and State or Foreign Country) **MISSOURI**

12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME **CHRIST STUCKENSCHEIDER**

13b. MOTHER'S MAIDEN NAME **MARY DIKNITE**

14. NAME OF HUSBAND OR WIFE **ANDREW WAYANT**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **ANDREW WAYANT 3832 LACLEDE**

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*
metastatic carcinoma of abdomen
PRECEDENT CAUSES
Colic carcinoma general
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
Origin probably from left ovary.
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.

INTERVAL BETWEEN ONSET AND DEATH
?

19a. DATE OF OPERATION **6-23-55**

19b. MAJOR FINDINGS OF OPERATION **General carcinoma metastatic of abdomen**

20. AUTOPSY? YES NO

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) **ST. LOUIS MO**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **175X**

22. I hereby certify that I attended the deceased from **5-3**, 19**55**, to **6-30**, 19**55**, that I last saw the deceased alive on **6-30**, 19**55** and that death occurred at **2:25 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **James A. Forster MD**

23b. ADDRESS **2907 Olive St**

23c. DATE SIGNED **7-1-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **REMOVAL**

24b. DATE **JULY 5 1955**

24c. NAME OF CEMETERY OR CREMATORY **LAKEWOOD**

24d. LOCATION (City, town, or county) (State) **ST. LOUIS MO**

DATE REC'D BY LOCAL REG. **JUL 5 1955**

REGISTRAR'S SIGNATURE **Carl Smith MD**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Thomas Kute 2906 Beavin**

(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 *Leo J. Cudd*
Licensed Embalmer No. *396*
P. O. Address *St. Louis,*

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.