

FILED SEP 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30760

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7997**

| | | | | | |
|---|--|---|--|---|---|
| 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 town) St. Louis, Mo. | | c. LENGTH OF STAY (In this place) 2 Weeks | c. CITY OR TOWN ST. LOUIS | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital | | | e. STREET ADDRESS (If rural, give location) 222 2612 Park Ave. 2229 | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) GRACE | | b. (Middle) | | c. (Last) DOBBINS | 4. DATE OF DEATH (Month) (Day) (Year) September 9, 1955 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH 12-2-1887 | 9. AGE (In years last birthday) 67 | IF UNDER 1 YEAR: Months Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | 11. BIRTHPLACE (City and State or Foreign Country) Indiana | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME Aaron Latshaw | | 13b. MOTHER'S MAIDEN NAME Susanah Shaw | | 14. NAME OF HUSBAND OR WIFE | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Amanda E. Cole 2612 Park Ave. | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) GENERALIZED CARCINOMATOSIS ANTECEDENT CAUSES DUE TO (b) CARCINOMA OF LUNG 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 2 Mo's. 2 Mo's. |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 163x | | | | 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) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from Aug. 25, 1955 to Sept. 9, 1955 that I last saw the deceased alive on Sept. 9, 1955 , and that death occurred at 9:06 Am. , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE Jahel E. Coch | | (Degree or title) M.O. | 23b. ADDRESS 35-N/Central, Clayton, Mo. | | 23c. DATE SIGNED 9-10-55 |
| 24a. FUNERAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 9-12-1955 | 24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis County, Mo. | | |
| DATE REC'D BY LOCAL REG. SEP 12 1955 | REGISTRAR'S SIGNATURE J. Carl Smith M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLaughlin F.H., Inc. 2301 Lafayette | | |

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..... *Janus R. Chapin*
Licensed Embalmer No.
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.