

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 24 1955

State File No. **35103**
Registrar's No. **8788**

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 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) _____	c. CITY OR TOWN ST. LOUIS
d. FULL NAME OF HOSPITAL OR INSTITUTION 4135 A SHREVE		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) LORETTA A RICE		a. (First) _____ b. (Middle) _____ c. (Last) _____	4. DATE OF DEATH (Month) (Day) (Year) 10-7-1955
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, MARRIED AND DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 4-20-1904
9. AGE (In years last birthday) 51		10. MIND OF BUSINESS OR INDUSTRY Cashier	11. BIRTHPLACE (City, State or Foreign Country) Easton Mo -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cashier		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John Pope		13b. MOTHER'S MAIDEN NAME Not Known	14. NAME OF HUSBAND OR WIFE Lester H. Rice
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (See instructions) No		16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Lester H. Rice 4135 Shreve
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) adeno carcinoma of breast 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 6-23-54		19b. MAJOR FINDINGS OF OPERATION adeno carcinomas R. breast	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) _____	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 6-19, 1954 , to Oct 7, 1955 , that I last saw the deceased alive on Oct 6, 1955 , and that death occurred at 8:40^{am} m., from the causes and on the date stated above.			
23a. SIGNATURE Wm. R. Gum M.D.		23b. ADDRESS 2227 S. Bergs...	23c. DATE SIGNED 10-7-55
24a. BURIAL, CREMATION, REMOVAL Removal	24b. DATE 10-10-1955	24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.	24d. LOCATION (City, town, county) (State) St. Louis, MO
DATE REC'D BY LOCAL REG. OCT 8 1955	REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Pingbermehle 3819 So Grand Blvd	

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

(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 *George J. Embalmers*
.....

Licensed Embalmer No. *461*
P. O. Address *How 78*

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.