

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 2 - 1956

State File No.

10271

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO. 3038

Registrar's No.

98

1. PLACE OF DEATH a. COUNTY <u>St. Charles.</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Charles</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Defiance</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Joseph Hospital</u>			d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
e. STREET ADDRESS (If rural, give location) <u>Defiance Missouri 0921</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u>		b. (Middle) <u>Theresa</u>		c. (Last) <u>Blankenship</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>March 25 1956</u>					
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec 8 1899</u>	9. AGE (In years last birthday) <u>56</u>	# UNDER 1 YEAR Months
					# UNDER 24 HRS. Days
					Hours
					Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>St Louis Missouri</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Joseph Mikes</u>		13b. MOTHER'S MAIDEN NAME <u>Mary ?</u>		14. NAME OF HUSBAND OR WIFE <u>Fred L. Blankenship</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Fred L. Blankenship Defiance Mo</u>	
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) <u>Carcinoma of ovary</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinomatosa generalis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>175x</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u> <u>5 mos.</u>
19a. DATE OF OPERATION <u>9-18-55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of ovary with metastases</u>		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 <u>9-16</u> , 1955, to <u>3-26</u> , 1956, that I last saw the deceased alive on <u>3-25</u> , 1956, and that death occurred at <u>10:50 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Russell Glider M.D.</u>			23b. ADDRESS <u>St. Charles Mo</u>		23c. DATE SIGNED <u>3-26-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/28/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>S S Peter &amp; Paul Cem</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis Missouri</u>
DATE REC'D BY LOCAL REG <u>March 26 1956</u>		REGISTRAR'S SIGNATURE <u>Barnie Hemick</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Moynell Funeral Home 1926 Allen Av</u>	

APR 8 1958

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 *me*....., Student Embalmer No. ~~48~~..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *George Livakada*.....

Licensed Embalmer No. 48.....

P. O. Address *St Louis*  
1926.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.