

FILED SEP 5 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29429

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 1932

1. PLACE OF DEATH a. COUNTY St. Louis County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood		c. LENGTH OF STAY (In this place) 2 mo.	c. CITY OR TOWN Ladue 4001	
d. FULL NAME OF HOSPITAL OR INSTITUTION White Oaks Nursing Home		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or Print) a. (First) Sue b. (Middle) Gilmore c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Aug. 10, 1956		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Jan. 27, 1888	
9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse	11. BIRTHPLACE (City and State or Foreign Country) Kentucky	
10b. KIND OF BUSINESS OR INDUSTRY Nursing		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Geo. A. Jones		13b. MOTHER'S MAIDEN NAME Jenny Slade	14. NAME OF HUSBAND OR WIFE Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 358-07-1028	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Bruce Massey 8 Ladue Ridge Rd. Ladue, Mo.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal obstruction  INTERCEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) generalized metastatic carcinoma to peritoneum, liver, ovaries DUE TO (c) Carcinoma of liver  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	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 May 17, 1956, to Aug 11, 1956, that I last saw the deceased alive on Aug 8, 1956, and that death occurred at 10:27 p.m., from the causes and on the date stated above.				
23a. SIGNATURE H. K. Roberts M.D.		23b. ADDRESS 110 S. Central Clayton	23c. DATE SIGNED Aug 11, 1956	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal train 8-12-56		24b. DATE	24c. NAME OF CEMETERY OR CREMATORY Chapel Hill	24d. LOCATION (City, town, or county) (State) Chicago, Ill.
DATE REC'D BY LOCAL REG. 8-11-56		REGISTRAR'S SIGNATURE Herbert R. Douber	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Southern Funeral Home 6322 S. Grand, St. Louis, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

*Harold  
Dr. Roberts*

**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 *Hadley J. Jaller Jr.* .....  
Licensed Embalmer No. *4950* .....  
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.