

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36594

STATE FILE NUMBER 2367

FILED OCT 24 1956

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 2367

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE Missouri b. COUNTY St Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Brentwood		c. CITY OR TOWN Brentwood 4511	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2513 Cecelia		d. STREET ADDRESS (If outside, give location) 2513 Cecelia	
Length of stay in lb 1 Year		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Maude Middle M Last Dermody		4. DATE OF DEATH Month Oct Day 8 Year 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct 23, 1882
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		9b. AGE (In years last birthday) 73	
10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (City and state or country) Xenia Illinois	
13. FATHER'S NAME Samuel Hoover		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
14. MOTHER'S MAIDEN NAME Sarah Rhodes		17. INFORMANT Address Stella Holmes 2513 Cecelia	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, give unknown) No		16. SOCIAL SECURITY NO. None	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma cervix.			INTERVAL BETWEEN ONSET AND DEATH 2 years
DUE TO (b) metastases to liver & bones			
DUE TO (c) 171X			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 8-28-56 to 10-8-56 and last saw her alive on 9-26-56 Death occurred at 7:50 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Louis Hoover M.D.		22b. ADDRESS 8806 Harrison	
22c. DATE SIGNED 10-8-56			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10-9-56	
23c. NAME OF CEMETERY OR CREMATORY Local		23d. LOCATION (City, town, or county) (State) Flora Illinois	
24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe 4700 Washington		25. DATE RECD. BY LOCAL REG. 10-8-56	
26. REGISTRAR'S SIGNATURE Herbert B. Donahoe			

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *James D. Embury*

Licensed Embalmer No. *36*

P. O. Address *St. Louis*

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.