

FILED NOV 29 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39287

State File No.

318

1003

Registrar's No. 10487

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a. STATE <i>Mo.</i> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		c. LENGTH OF STAY (In this place) <i>6 wks.</i>		c. CITY OR TOWN <i>St. Louis</i>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>St. Louis Chronic Hosp.</i>				e. STREET ADDRESS (If rural, give location) <i>2231 2707 Accomac</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Betty</i> b. (Middle) <i>Ann</i> c. (Last) <i>Cebuhar</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>11-15-1956</i>				
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>		8. DATE OF BIRTH <i>MAR. 3 1913</i>		9. AGE (In years last birthday) <i>41</i> IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housework</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <i>Illinois</i>		12. CITIZEN OF WHAT COUNTRY? <i>U-S-A</i>	
13a. FATHER'S NAME <i>Joseph Cebuhar</i>			13b. MOTHER'S MAIDEN NAME <i>Barbara Cebuhar</i>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>BARBARA CEBUHAR 2707 ACCOMAC</i>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Epidermal Carcinoma of Cervix</i> ANTECEDENT CAUSES Morbidity 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.					INTERVAL BETWEEN ONSET AND DEATH <i>2 1/2 yrs</i>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>Carcinoma of Cervix</i>					20. AUTOPSY? YES <input 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 <i>10-2-56</i> , 19 <i>56</i> , to <i>11-15-56</i> , 19 <i>56</i> , that I last saw the deceased alive on <i>11-15-56</i> , 19 <i>56</i> , and that death occurred at <i>2:50 a. m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>John Niederwimmer, M.D.</i>			23b. ADDRESS <i>5800 Arsenal St.</i>			23c. DATE SIGNED <i>11-16-56</i>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)			
<i>BURIAL</i>		<i>S.S. PETER & PAUL</i>		<i>ST. LOUIS</i>		<i>Mo</i>	
DATE REC'D BY LOCAL REG. <i>NOV 16 1956</i>		REGISTRAR'S SIGNATURE <i>J. Paul Smith Mo</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Thomas Kute 2906 Gravois</i>			

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.....
Licensed Embalmer No. 4347

P. O. Address..... 2906 E

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.