

FILED JAN 15 1957

STANDARD CERTIFICATE OF DEATH

State File No. **43762**
Registrar's No. **11821**

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 Mo b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (In this place)		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital		e. STREET ADDRESS (If rural, give location) 260 1116 Mallinckrodt	
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) A. c. (Last) Rives		4. DATE OF DEATH (Month) (Day) (Year) 12-23-1956	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3-28-1878
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during present working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and State or Foreign Country) Illinois
12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME R. T. Rives		13b. MOTHER'S MAIDEN NAME Isabelle Toler	14. NAME OF HUSBAND OR WIFE Emilia Rives
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 489-07-42W	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Emilia Rives - 1116 Mallinckrodt
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of sigmoid Colon with abdominal Carcinomatosis. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinomatosis. DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arterial nephrosclerosis	
19a. DATE OF OPERATION 12/11/56		19b. MAJOR FINDINGS OF OPERATION Abdominal Carcinomatosis. 153X	
20. AUTOPSY? YES <input checked="" 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 April , 19 56 to 12/23 , 19 56 , that I last saw the deceased alive on 12/20 , 19 56 , and that death occurred at 12:45 pm. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Jessie Palmer M.D.		23b. ADDRESS 100 N. Euclid	23c. DATE SIGNED 12/27/56
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 12-26-1956	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem	24d. LOCATION (City, town, or county) (State) St. Louis Mo
DATE REC'D BY LOCAL REG. DEC 26 1956		REGISTRAR'S SIGNATURE Jessie Palmer M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Edw Koch + Son - 3516 E. 14th

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 *Richard J. Lane Jr.*.....

Licensed Embalmer No. *4800*.....

P. O. Address *Richmond 22*.....

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.