

STANDARD CERTIFICATE OF DEATH

9862

FILED APR 15 1957

State File No. 3187
Registrar's No. 1003

318

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

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 <u>Missouri</u> b. COUNTY _____			
b. CITY OR TOWN <u>St. Louis Mo.</u>		c. LENGTH OF STAY (in this place) <u>5 wks</u>		c. CITY OR TOWN <u>St. Louis 10</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bethesda General Hospital 2179</u>				e. STREET ADDRESS (If rural, give location) <u>3935 McRee Avenue</u>			
3. NAME OF DECEASED (Type or Print) <u>Inez</u>		a. (First) _____ b. (Middle) _____		c. (Last) <u>Bach</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-1-1957</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>12-2-1904</u>	
9. AGE (In years last birthday) <u>52</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. 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>Gleason, Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Barney Laster</u>		13b. MOTHER'S MAIDEN NAME <u>Alta Verdell</u>		14. NAME OF HUSBAND OR WIFE <u>Frank Bach</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>497-10-6078</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Frank Bach</u>		ADDRESS <u>above</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Carcinoma of ascending colon with distant metastases</u> ANTECEDENT CAUSES _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>	
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 <u>153x</u>		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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>2/24</u> , 19 <u>57</u> , to <u>4-1</u> , 1957, that I last saw the deceased alive on <u>3/31</u> , 19 <u>57</u> , and that death occurred at <u>10:25 AM</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>Thomas Parker MD</u> (Degree or title)				23b. ADDRESS <u>4660 Mayland</u>		23c. DATE SIGNED <u>4/1/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4/2/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Jumbertin Creek Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Gleason Tenn.</u>	
DATE REC'D BY LOCAL REG. <u>APR 3 '57</u>		REGISTRAR'S SIGNATURE <u>Carl Smith MD Jr.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. Howard</u>		ADDRESS <u>1619 So. Grand</u>	

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 *J. W. B. Burbley*

Licensed Embalmer No. *2653*

P. O. Address *St. Louis 8*

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.