Health, & Welfare Public Service

S. 300
. 1-56

FILED APR 12 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10174
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2726

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St.Louis — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN ST. LOUIS, MO. — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St.Louis City Hospital #1 — Length of stay in lb 25 2	d. STREET ADDRESS 1514 no. (If outside, give location) PRARIE — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)	First Irma	Middle	Last Dix	4. DATE OF DEATH Month 2 Day 28 Year 57
5. SEX FEMALE /	6. COLOR OR RACE WHITE	7. MARRIED ☐ NEVER MARRIED ☐ UNKNOWN WIDOWED ☐ 9 DIVORCED ☐	8. DATE OF BIRTH DEC. 16, 1883 WIS.	9. AGE (In years last birthday) 73 — 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) UNKNOWN	10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (City and state or country) WISCONSIN /	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME WILLIAM		14. MOTHER'S MAIDEN NAME INA ???		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO — (If yes, give war or dates of service) NONE	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT ST. LOUIS CITY HOSPITAL RECORDS — Address		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ~~Generalized Carcin~~ Debility

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized Radiation for CARCINOMA of CERVIX
DUE TO (c) Also recently had Ileal Diversion for Urinary Chest

INTERVAL BETWEEN ONSET AND DEATH

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 ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 17/X

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 2 - 9 - 57, to 2 - 28 - 57 and last saw her/him alive on 2 - 28 - 57
Death occurred at 9:15 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) N. Kabalin, MD.	22b. ADDRESS 1515 Lafayette	22c. DATE SIGNED 3-1-57

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 3-30-57	23c. NAME OF CEMETERY OR CREMATORY Anatomical Board	23d. LOCATION (City, town, or county) (State) St. Louis, Mo.
24. FUNERAL DIRECTOR Rowland-Aker — ADDRESS 4104 Manchester	25. DATE RECD. BY LOCAL REG. MAR 20 '57	26. REGISTRAR'S SIGNATURE J Earl Smith MD MJB	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student ..... Signed .....
Signature of Student Embalmer

Licensed Embalmer No.....

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.