

FILED MAY 10 1957

14409  
STATE FILE NUMBER  
4285

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

300  
1-56  
2009  
0  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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

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, give TOWNSHIP only) OR TOWN ST. LOUIS		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis
FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSH.		Length of stay in 1b #1	d. STREET ADDRESS (If outside, give location) 2272340 A. Hickory
3. NAME OF DECEASED (Type or print) First Middle Last Mary Aaron			4. DATE OF DEATH Month Day Year 5 3 57
5. SEX F	6. COLOR OR RACE Col	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 2, 1922
9. AGE (In years last birthday) 35	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ho. Wife		10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (City and state or country) Forrest City, Ark.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Tom Baker		14. MOTHER'S MAIDEN NAME Bertha Hill	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO.	
17. INFORMANT James Aaron -2340 A. Hickory			Address
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 of the Cervix; far advanced, with distant metastases. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c)			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 <input checked="" type="checkbox"/> NO <input 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.) 171x
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 4-10-57 to 5-3-57 and last saw her alive on 5-3-57 Death occurred at 7:20 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Stuart A. Yaffe, M.D.		22b. ADDRESS 1515 Lafayette	22c. DATE SIGNED 5/4/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5-10-57	23c. NAME OF CEMETERY OR CREMATORY Oakdale Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, Mo.
24. FUNERAL DIRECTOR A.L. Beal Und-4303 Delmar Blvd.		25. DATE RECD. BY LOCAL REG. MAY 6 57	26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D.

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 *Samuel J. Hough*.....

Licensed Embalmer No. *489*

P. O. Address *4149 W. 9th*

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.