

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15626

STATE FILE NUMBER

FILED APR 29 1957

Registration District No. 312 Primary Registration District No. 547 Registrar's No. 948

Health,
Welfare
Public
Service

300
1-56

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

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Washington		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Hgts.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Potosi		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hosp.		Length of stay in 1b 5 weeks	d. STREET ADDRESS (If outside, give location) 709 Francis Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) CATHERINE CRAIGE			4. DATE OF DEATH April 9th 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 22, 1906		9. AGE (In years last birthday) 51
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (City and state or country) Indianapolis, Ind.	
13. FATHER'S NAME Martin Judge			14. MOTHER'S MAIDEN NAME Elizabeth Brune		
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. Unk.		17. INFORMANT Address Paul Craige 709 Francis St. Potosi Mo	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic carcinoma of lungs, brain & upper Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Primary carcinoma left breast (radical resection) DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 170X					INTERVAL BETWEEN ONSET AND DEATH 9 mo 6 yrs 3 mo.
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.)		
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 Nov. 10 1950 , to Apr. 9, 1957 and last saw her/him alive on Apr. 8, 1957 Death occurred at Apr. 9, 1957 11:15 AM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) C. H. Bocklage M.D.			22b. ADDRESS 2615 Prentwood Blvd.		22c. DATE SIGNED Apr. 10 1957
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Apr. 12 1957	23c. NAME OF CEMETERY OR CREMATORY Crown Hill Cem.		23d. LOCATION (City, town, or county) (State) Indianapolis, Indiana
24. FUNERAL DIRECTOR ADDRESS A. H. Bocklage 6536 Clayton Rd.		25. DATE RECD. BY LOCAL REG. 4-10-57		26. REGISTRAR'S SIGNATURE Herbert A. Donohue	

89.

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 *John S. Bennett*
Licensed Embalmer No... 419
P. O. Address *St. Louis*

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.