

STANDARD CERTIFICATE OF DEATH

FILED SEP 9 1957

30408

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 2068

1. PLACE OF DEATH a. COUNTY ST LOUIS,				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST LOUIS,			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST ANN V			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN 2NC 4076 ST-ANN-VILLAGE 0		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4130 JANE			Length of stay in 1b 1 YEAR	d. STREET ADDRESS (If outside, give location) 4130 JANE AVE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First AGNES Middle BELL Last TRIPLETT				4. DATE OF DEATH Month AUG , Day 18 , Year 1957			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH AUG, 26, 1880	9. AGE (In years last birthday) 76	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) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and state or country) FULTON MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME AUGUST KRUSE				14. MOTHER'S MAIDEN NAME MARY JANE LANE			
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. NONE	17. INFORMANT Address ALICE CROSSON 4130 JANE st ann missouri				
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 Stomach							INTERVAL BETWEEN ONSET AND DEATH 6 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) _____		DUE TO (c) _____			
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 type="checkbox"/> NO <input checked="" 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.)				
20c. TIME OF INJURY Hour _____ 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 1518		COUNTY STATE	
21. I attended the deceased from June 15-57 , to Aug 18-57 and last saw her alive on Aug 14-57 . Death occurred at 11 P m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) C. E. Sterling MD				22b. ADDRESS 2050 Mo. & So Rd St Louis MO		22c. DATE SIGNED 8-19-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 8/21/57	23c. NAME OF CEMETERY OR CREMATORY FRIEDENS CEMETERY		23d. LOCATION (City, town, or county) (State) ST LOUIS COUNTY MISSOURI			
24. FUNERAL DIRECTOR ADDRESS STROOT - CARROLL 4600 NATURAL BRIDGE				25. DATE RECD. BY LOCAL REG. 8-19-57		26. REGISTRAR'S SIGNATURE Herbert E. Donche	

(Licensed Embalmer's Statement on Reverse Side)

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

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*e & attending
20502.1 RA
No 8-2624
1704*

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 *M W R. Meter*

Licensed Embalmer No. *48*

P. O. Address *St Louis*

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