. Health,
& Welfare
. Public
h Service

S. 300
v. 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

FILED OCT 28 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38436
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2576

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 Clayton — Inside Limits Yes ☐ X No ☐	c. CITY OR TOWN Overland 424 X 0 — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Louis County — Length of stay in Ib 8 wks	d. STREET ADDRESS (If outside, give location) 2217 Huntington — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First: IDA	Middle: CLARA	Last: COLE	4. DATE OF DEATH Month, Day, Year: OCT. 17, 1957
5. SEX: Female 1	6. COLOR OR RACE: white	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ 1	8. DATE OF BIRTH: June 3, 1922	9. AGE (In years last birthday): 35 — 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): St. Louis, Missouri 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Unknown		14. MOTHER'S MAIDEN NAME: Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.: 488-34-0556	17. INFORMANT: Samuel M. Cole — Address: 2217 Huntington	

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinomatosis Diffuse from Ca of cervix ?

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 171X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 1

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. 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 8-7-57 to 10-17-57 and last saw her/him alive on 10-17-57. Death occurred at 7:15 am m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Richard H. King (Degree or title) M.D. 0	22b. ADDRESS: 601 S. Brentwood, Clayton, Mo.	22c. DATE SIGNED: 10-17-57
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 10-21-1957	23c. NAME OF CEMETERY OR CREMATORY: Mt. Lebanon
23d. LOCATION (City, town, or county) (State): St. Ann, Missouri		
24. FUNERAL DIRECTOR: Baumann Bros. Inc. — ADDRESS: 2504 Woodson Rd. Overland, Mo.	25. DATE RECD. BY LOCAL REG.: 10-17-57	26. REGISTRAR'S SIGNATURE: Herbert R. Lemke M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed David C. Gibson

Licensed Embalmer No. 34

P. O. Address Portland

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