. Health
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

38781
STATE FILE NUMBER

FILED OCT 16 1957 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2425

1. PLACE OF DEATH a. COUNTY St. Louis	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Normandy — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN Lemay 23 4880 0 — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 7536 Mallard Dr. — Length of stay in 1b 2 mos	d. STREET ADDRESS (If outside, give location) 1033 Kilner — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First: Marigéne	Middle: Cook	Last: Shackelford	4. DATE OF DEATH Month Day Year: Sept. 30, 1957
5. SEX: F	6. COLOR OR RACE: W	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: Feb. 1, 1932	9. AGE (In years last birthday): 25yrs — 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): Secy	10b. KIND OF BUSINESS OR INDUSTRY: United States Defence	11. BIRTHPLACE (City and state or country): Corp. St. Louis, Mo. 0	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Cecil O. Cook		14. MOTHER'S MAIDEN NAME: Mary E. Watts		
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.: 487-32-9894	17. INFORMANT: William L. Shackelford — Address: 1033 Kilner		

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Carcinomatosis	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Carcinoma of the breast lt	6 mo
DUE TO (c)	170X	0

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 ☐

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 3-13-57, to 9-30-57 and last saw her/him alive on 9-27-57
Death occurred at 8 30 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): William B. Walker M.D. 0	22b. ADDRESS: 116 S Central Clayton 5	22c. DATE SIGNED: 1 Oct
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Oct. 3, 1957	23c. NAME OF CEMETERY OR CREMATORY: Sunset Burial Park
23d. LOCATION (City, town, or county) (State): St. Louis Co., Mo.		
24. FUNERAL DIRECTOR: Alexander + Son — ADDRESS: 6175 Delmar	25. DATE RECD. BY LOCAL REG.: 10-1-57	26. REGISTRAR'S SIGNATURE: Herbert B. Wamble M.D. asc

(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

Dr Willard Walker
110 S Central
3-3
[illegible]
Jan 7-9 011

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Jos. E. McCulloh

Licensed Embalmer No. 246

P. O. Address 6175 Dll

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.