

Health, Welfare  
Public Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 14 1958

STATE FILE NO. **2592**  
REGISTRAR'S NO. **810**

Registration District No. **318** Primary Registration District No. **1003**

300  
-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE <b>Mo.</b> b. COUNTY <b>Jefferson</b> )	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>St. Louis</b> TOWN		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Cedar Hill</b> <sup>06</sup> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Mo. Baptist Hospital</b>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <b>Hillsboro Rt. #2</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>Laura Ashwell</b>			4. DATE OF DEATH Month <b>Jan</b> Day <b>20</b> Year <b>1958</b>
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan 4, 1892</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years as of birthday) <b>66</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____
13a. FATHER'S NAME <b>Robert Werner</b>		13b. MOTHER'S MAIDEN NAME <b>Wilhelmina Klippel</b>	11. BIRTHPLACE (City and state or country) <b>Sappington, Mo.</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO.	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
17. INFORMANT <b>Howard Ashwell</b>		Address <b>Cedar Hill, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma of Breast &amp; metastases</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) <b>170X</b>			INTERVAL BETWEEN ONSET AND DEATH <b>11 yrs</b>
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 _____ Month, Day, Year a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 <b>Jan 6, 1958</b> to <b>Jan 20, 1958</b> and last saw <sup>her</sup> <sub>him</sub> alive on <b>Jan 20, 1958</b> Death occurred at <b>Missouri Baptist Hosp.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Rudolph E. Catanzaro, M.D.</b>		(Degree or title) <b>D</b>	22b. ADDRESS <b>1194 Hodiament</b>
22c. DATE SIGNED <b>1/21/58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>1/23/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>	23d. LOCATION (City, town, or county) (State) <b>Affton, Mo.</b>
24. FUNERAL DIRECTOR <b>J L Ziegenhein &amp; Sons</b>		ADDRESS <b>7027 Gravois</b>	25. DATE RECD. BY LOCAL REG. <b>JAN 23 1958</b>
			26. REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b> <b>mjs</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

(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 embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *E. P. Kidwell* .....

Licensed Embalmer No. *3877* .....

P. O. Address *7027 Travis* .....

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.