

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-016480  
State File No. 4666  
Registrar's No.

FILED MAY 8 1958

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 4666	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place) 2 HRS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS			
d. FULL NAME OF HOSPITAL OR INSTITUTION DEPAUL HOSPITAL				d. STREET ADDRESS (If rural, give location) 125 1315 N. 7 <sup>th</sup> STR.			
3. NAME OF DECEASED (Type or Print) a. (First) ALPHA		b. (Middle) _____		c. (Last) SOUTH		4. DATE OF DEATH (Month) (Day) (Year) 4 29 58	
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 3-23-1898	
9. AGE (In years last birthday) 60		10. UNDER 1 YEAR Months _____ Days _____		11. 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 Own Home		11. BIRTHPLACE (State or foreign country) Marble Hill, Mo. 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Calvin Nanney		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE James South			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME James South		ADDRESS -1315 N.7th. Apt. 800	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF PANCREAS  ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last.  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH NOT KNOWN	
19a. DATE OF OPERATION 2/19/58		19b. MAJOR FINDINGS OF OPERATION CARCINOMA OF PANCREAS				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from 2/19, 1958, to 3/4, 1958, that I last saw the deceased alive on 4/29, 1958, and that death occurred at 9:50 A.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. H. Gandhways M.D.				23b. ADDRESS DePaul Hosp. St. Louis		23c. DATE SIGNED 4/29/58	
24a. BURIAL, CREMATION REMOVAL (Specify) Removal		24b. DATE 5-2-1958		24c. NAME OF CEMETERY OR CREMATORY St. Trinity Lutheran		24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri	
DATE REC'D BY LOCAL REG. APR 30 58		REGISTRAR'S SIGNATURE Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE McLAUGHLIN'S		ADDRESS 2301 Lafayette Ave.	

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**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 .....  
Student Embalmer

Signed

*James R. Chapman*

Licensed Embalmer No. 24550

P. O. Address H. Fair, MD

**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 this body is not embalmed, fact should be so stated above.