

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020447
State File No.

No. 300
10.48

FILED JUN 9 1958

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 1458

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond Hgts.</u>		c. LENGTH OF STAY (in this place) <u>13 wks.</u>	c. CITY OR TOWN <u>Richmond Hgts.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>			STREET ADDRESS (If rural, give location) <u>7531 Wise Ave.</u>		
3. NAME OF DECEASED (Type or Print) <u>MARY</u>		a. (First)	b. (Middle) <u>JANE</u>	c. (Last) <u>THOMAS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 29th 1958</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Nov. 28 1905</u>	9. AGE (In years last birthday) <u>52</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stenographer Clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Pullman Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joseph Thomas</u>		13b. MOTHER'S MAIDEN NAME <u>Nora Brett</u>		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>R.R. Retirement</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Susanne Thomas</u>		ADDRESS <u>7531 Wise Ave.</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of breast metastatic, inoperable.</u>	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>170X</u>	MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	19c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	20. AUTOPSY? <input type="checkbox"/> YES <input 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 <u>August</u> , 19 <u>57</u> , to <u>5-29</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>5-28</u> , 19 <u>58</u> , and that death occurred at <u>4 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Herbert W. Danke M.D.</u>		(Degree or title)	23b. ADDRESS <u>110 S. Central</u>		23c. DATE SIGNED <u>5-29-58</u>
24a. BURIAL, CREMATION/REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>May 31 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>5-30-58</u>	REGISTRAR'S SIGNATURE <u>Herbert W. Danke M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>A. H. Bocklage</u>	ADDRESS <u>6536 Clayton Rd.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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 *John S. Henn*
Licensed Embalmer No. *419*
P. O. Address *St. Louis*

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.