

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-030385

STATE FILE NUMBER

FILED AUG 28 1958 Registration District No.

318

Primary Registration District No. 1003

Registrar's No. 7810

S. 300
v. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

| | | | | | |
|--|--------------------------------|---|---|---|---|
| 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, give TOWNSHIP only) OR TOWN ST. LOUIS, MO. | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN St. Louis | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP.#1. | | Length of stay in 1b 9 | d. STREET ADDRESS (If outside, give location) 911 Rear So. 14 st | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First PEARL Middle BUSH Last FLEMING | | | 4. DATE OF DEATH Month AUG. Day 7, Year 1958 | | |
| 5. SEX Female | 6. COLOR OR RACE Col | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Dec 20 1900 | 9. AGE (In years birthday) 57 | IF UNDER 1 YEAR Months 7 Days 17 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work | | 10b. KIND OF BUSINESS OR INDUSTRY - | 11. BIRTHPLACE (City and state or country) Deerfield Ark | | 12. CITIZEN OF WHAT COUNTRY? U S A |
| 13a. FATHER'S NAME George Owens | | 13b. MOTHER'S MAIDEN NAME Mary King | | 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) No | | 16. SOCIAL SECURITY NO. no | | 17. INFORMANT Walter Logan 2260 E. 86th Cleveland, OH 10 | |
| 18. CAUSE OF DEATH (Only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic adenocarcinoma from unknown site, probably pancreas, involving lung & liver. | | | | | INTERVAL BETWEEN ONSET AND DEATH unk |
| DUE TO (b) involving lung & liver. | | | | | |
| DUE TO (c) | | | | | |
| 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 checked="" type="checkbox"/> NO <input 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.) 157X | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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. Deceased died from 8/6/58 11: A to 8/7/58 and last saw her/him alive on 8/7/58 Death occurred at 8:50 P.M. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE Jean A. Chopman MD (Degree or title) | | 22b. ADDRESS 1515 LAFAYETTE AVE | | 22c. DATE SIGNED 8/8/58 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE 8-12-58 | 23c. NAME OF CEMETERY OR CREMATORY Oak Dale | | 23d. LOCATION (City, town, or county) (State) St. Louis, Co Mo |
| 24. FUNERAL DIRECTOR ADDRESS J.H. Randle & Son 3133 Bell Ave | | | 25. DATE RECD. BY LOCAL REG. AUG 11 '58 | | 26. REGISTRAR'S SIGNATURE J. Carl Smith MD |

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 *Ether K. Harrow*

Licensed Embalmer No. *4458*

P. O. Address *4181 Washin*

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.