

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041485

STATE FILE NUMBER

FILED NOV 18 1958

Registration District No. 318 Primary Registration District No. 1003

Registrar 10126

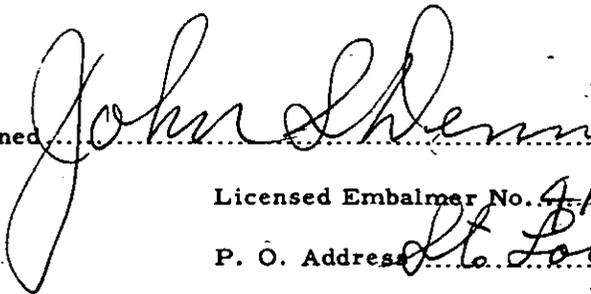
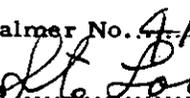
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Florissant 40510	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Glennon Memorial Hospital		d. STREET ADDRESS #8 Brightwell Ct. (If outside, give location)	
3. NAME OF DECEASED (Type or print) ELIZABETH		4. DATE OF DEATH October 21, 1958	
5. SEX Female		6. COLOR OR RACE White	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>		8. DATE OF BIRTH March 22, 1955	
9. AGE (In years last birthday) 3		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months 6 Days 29 Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Richmond Heights, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Joseph Doyle		14. MOTHER'S MAIDEN NAME Betty McGehee	
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. None	
17. INFORMANT Joseph Doyle, #8 Brightwell Ct.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Neuroblastoma (RIGHT ADRENAL) WITH Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) WIDESPREAD metastases DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 4 1/2 mo's.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) 1950			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 1
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 WORK <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. I attended the deceased from July 1958 to October 21, 1958 and last saw her alive on Oct. 21, 1958. Death occurred at 8:00 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE James P. King, M.D.		22b. ADDRESS 1465 S. Grand Ave	
22c. DATE SIGNED 10/21/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-24-58	
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
24. FUNERAL DIRECTOR Cullinane Bros., 3320 N. Kingshighway		25. DATE RECD. BY LOCAL REG. OCT 23 '58	
26. REGISTRAR'S SIGNATURE [Signature]			

th, ifare lie vice 00 56 0. Cause in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 .....
Licensed Embalmer No. .....
P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.