THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-003945
STATE FILE NUMBER

FILED JAN 26 1959 Registration District No. 217 Primary Registration District No. 500 Registrar's No. 150

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: NORMANDY-P.O. 20 — Inside Limits: Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 7101-GLENMORE-AV. — Length of stay in Ib: 25 YRS.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: ST. LOUIS
c. CITY OR TOWN: NORMANDY-P.O. 20 — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 7101-GLENMORE-AV. — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: CLARA — Middle: ELIZABETH — Last: BRIGHT.

4. DATE OF DEATH: Month: JAN. Day: 15TH Year: 1959

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED ☑ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: FEB. 11TH 1904

9. AGE (In years last birthday): 54 YRS. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE-WIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (City and state or country): ST. LOUIS-MO.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: PHILIP-ROTH.

13b. MOTHER'S MAIDEN NAME: CATHERINE-APPELBAUM

14. NAME OF HUSBAND OR WIFE: HARRISON-J.-BRIGHT.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): NONE

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: HARRISON-J.-BRIGHT — Address: 7101-GLENMORE-AV.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Carcinoma of Rectum — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): with Metastasis to Peritoneum
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 154X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): None

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year: None

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 1. 1958, to 1. 15. 59 and last saw her/him alive on 1-14-59
Death occurred at 1:00 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: McStuckle MD (Degree or title)

22b. ADDRESS: 7124 Natural Bridge

22c. DATE SIGNED: 1-16-59

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

23b. DATE: JAN. 17TH 1959

23c. NAME OF CEMETERY OR CREMATORY: CALVARY-CEMETERY

23d. LOCATION (City, town, or county): ST. LOUIS (State): MO.

24. FUNERAL DIRECTOR ADDRESS: Brockland Und. Co. 1827-HOGAN-ST.

25. DATE RECD. BY LOCAL REG.: 1-16-59

26. REGISTRAR'S SIGNATURE: John C. Murphy, M.D.

(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 Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address St. Louis M

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.