

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-033672**

FILED VS SEP 16 1959

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's **2 8061**

UNRECORDED

1. PLACE OF DEATH a. COUNTY <i>St. Louis 18 Mo.</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY _____	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN _____		Length of stay in 1b _____	c. CITY OR TOWN <i>St. Louis</i> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Anthony's Hosp</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>3520 Chippewa</i> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <i>Decemert Sister M. Cleta</i>			4. DATE OF DEATH <i>8-29-59</i>
5. SEX <i>F</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>3-15-83</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Seamstress &amp; Organist</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>St. Anthony Hospital</i>	9. AGE (last birthday) <i>76 yrs.</i>
11. BIRTHPLACE (City and state or country) <i>Waterloo, Ill.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A. Yes</i>	
13a. FATHER'S NAME <i>William Decemert</i>		13b. MOTHER'S MAIDEN NAME <i>Marcia Henning</i>	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) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT <i>Sister Superior</i> Address <i>3520 Chippewa</i>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>BRONCHOGENIC CARCINOMA</i>		INTERVAL BETWEEN ONSET AND DEATH <i>4 MOS</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____		
DUE TO (c) <i>162.1</i>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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.) _____
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 *8-2-58* to *8-29-59* and last saw her <sup>her</sup> alive on *8/29/59*  
 Death occurred at *8/29/59 2:20 p.m.* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Henry Cooper M.D.</i>	22b. ADDRESS <i>518 Olmi St.</i>	22c. DATE SIGNED <i>8/30/59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Sept. 1, 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>SS. Peter and Paul Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis, Missouri.</i>
24. FUNERAL DIRECTOR <i>Gebken-Benz Mortuary</i>	ADDRESS <i>2842 Meramec St. St. Louis, 18, Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>AUG 31 1959</i>	26. REGISTRAR'S SIGNATURE <i>Paul Smith M.D.</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Demorris

Licensed Embalmer No. 3360

P. O. Address St. Louis, Mo.

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.