URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-041728

STATE FILE NUMBER

FILED VS NOV 19 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 210292

ENDED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 6 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Barnes Hospital
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Illinois b. COUNTY: Madison
c. CITY OR TOWN: Granite City
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 1821 Park Avenue
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Mary Middle: A. Last: Damo
4. DATE OF DEATH: Month: November Day: 9 Year: 1959
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Nov. 19, 1888
9. AGE (last birthday): 70
IF UNDER 1 YEAR: Months: 11 Days: 20
IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and state or country): Hungary
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Peter Apponyi
13b. MOTHER'S MAIDEN NAME: Julia Kolozsy
14. NAME OF HUSBAND OR WIFE: William
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT: Marie Katyke Address: St. Louis, Missouri

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) INTRA-ABDOMINAL CARCINOMATOSIS — INTERVAL BETWEEN ONSET AND DEATH: 7 MONTHS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) CARCINOMA OF OVARY — 1½ YEARS
DUE TO (c) 175.0
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. ☐ Yes ☒ No ☐ Unknown

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.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from NOV. 18, 1947, to NOV. 9, 1959 and last saw her/him alive on NOV. 9, 1959
Death occurred at 6:25 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C. Vermillion, M.D. (Degree or title): M. D.
22b. ADDRESS: BARNES HOSPITAL
22c. DATE SIGNED: 11/9/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal to Madison, Ill.
23b. DATE: 11/9/59
23c. NAME OF CEMETERY OR CREMATORY: St. Johns
23d. LOCATION (City, town, or county) (State): Granite City, Illinois

24. FUNERAL DIRECTOR: Francis J. Foley McGivney
ADDRESS:
25. DATE RECD. BY LOCAL REG.: NOV 9 1959
26. REGISTRAR'S SIGNATURE: Ward Smith, M.D.
(Licensed Embalmer's Statement on Reverse Side)

MJB

DOCUMENT

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_____ Signed Francis J. Dahey

Signature of Student Embalmer

Licensed Embalmer No. 2792

P. O. Address_____

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