MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-003532
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 197

FILED JAN 11 1962

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis (4) — Length of stay in this place: 4 Weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Firmin Desloge Hospital — Inside Limits Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY St. Louis
b. CITY OR TOWN Lemay (25) — Inside Limits Yes X No ☐
c. STREET ADDRESS 890 Buckley Road (25) (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First DELLA Middle Last BROOKS
4. DATE OF DEATH Month 1-4 Day Year 1962
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed X Divorced ☐
8. DATE OF BIRTH 2-20-1879
9. AGE (last birthday) 82 Yrs — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: 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 None
11. BIRTHPLACE (City and state or country) Centerville Mo
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Henry McLarney
13b. MOTHER'S MAIDEN NAME Augusta Cliffton
14. NAME OF HUSBAND OR WIFE Andrew Deceased
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 Monta Brooks 890 Buckley Road (25) Address

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 THE TAIL OF PANCREAS — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) METASTATIC TO LIVER AND OMENTUM
DUE TO (c) 157X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
① HEPATIC ABSCESS ② BRONCHOPNEUMONIA - RIGHT

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes X No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES X 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 12/23/61, to 1-4-62 and last saw her/him alive on 1-4-62
Death occurred at 12:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John W. McMahon Jr. M.D. (Degree or title)
22b. ADDRESS 1325 So Grand
22c. DATE SIGNED 1-4-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 1-8-1962
23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery
23d. LOCATION (City, town, or county) (State) Lemay (25) Mo

24. FUNERAL DIRECTOR Fendler Und Co — ADDRESS 7420 Michigan Ave (11)
25. DATE RECD. BY LOCAL REG. JAN 6 1962
26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 W. G. Peterson

Signature of Student Embalmer

Licensed Embalmer No. 3767

P. O. Address 7450 Michig

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.