

No. 2
1-5-43
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4510
Registrar's No. 1242

FILED MAR 9 1945
Registration District No. 318

Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Life 0 (Specify whether
years, months or days)

3. (a) PRINT FULL NAME CARDIA LIDGE

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Col 6. (a) Single, widowed, married, divorced Infant

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: August 4 1940
(Month) (Day) (Year)

8. AGE: Years 4 Months 6 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace St Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER

12. Name Andrew Lidge

13. Birthplace St Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Gladys Lackey

15. Birthplace St Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Gladys Lidge

(b) Address 2303 Cole St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-9-45
(Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Ellis Funeral Home

(b) Address 2820 Stoddard St.

19. (a) FEB 8 1945 (Date received local registrar) (b) J. F. Bruders (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 007
17
(c) City or town St Louis (If outside city or town limits, write "RURAL") 721
(d) Street No. 2303 Cole St (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 5
year 1945 hour 7 minute 308 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Salicylate Poisoning *Duration*
while playing she found a
bottle of salicylate under her
bedroom part of which she
drank at her home 2303
St. Louis on Feb 5 1945
Exact time unknown

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: 1795-8
Of operations _____

Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Feb 5 1945

(c) Where and injury occur? St Louis Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
None

While at work? _____ (Specify type of place)
Means of injury As above

23. Signature Alfred J. Bruders (M.D. or other)

Address St Louis Date signed 2/7/45

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 L. Boykin
....., Registered Apprentice No. 9M
working under my personal supervision.

Signed

Lomnie Boykin

Licensed Embalmer No. 2946

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 this body is not embalmed, fact should be so stated above.