S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17506

FILED JUN 7 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4855

H 00 17 9

WRITE PLAINLY—USING 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: St. Mary's Infirmary O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair 994

(c) City or town E. St. Louis 11
(If outside city or town limits, write "RURAL")

(d) Street No. 1004 Broadway Front 0
(If rural, give location) 2

N R.

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Lucille Diana Dantzler

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Female 3

5. Color or race Col.

6. (a) Single, widowed, married, divorced single O

6. (b) Name of husband or wife

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

7. Birth date of deceased August 24, 1907
(Month) (Day) (Year)

8. AGE: Years 40 Months 8 Days 27 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business At home

FATHER
12. Name Joseph Dantzler
13. Birthplace Macon, Mississippi
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Millie Brooks
15. Birthplace Macon, Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Millie Thompson
(b) Address 1004 Broadway Front

17. (a) Removal (b) Date thereof 5-27-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation E. St. Louis, Ill. Booker Wash. Cem.

18. (a) Signature of funeral director C. T. Nash
(b) Address 3847 Page Blvd.

19. (a) MAY 27 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21
year 1948 hour 1 minute 15 A M.

21. I hereby certify that I attended the deceased from 5/15/48, 19 to 5/21/48, 19;
that I last saw her alive on 5/20/48, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pyemia	2 wks
Due to: Abscess L. Renal Region	6 wks
Due to: Non-Tubercular	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy: Multiple Abscesses Brain, liver etc	

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

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

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury O

23. Signature H. H. Heather (M. D. or other)

Address 1421 Kansas Date signed 5/26/48

E St Louis Ill

Jefferson City Printing Co.

(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..... Registered Apprentice No..... working under my personal supervision.

Signed.....C. T. Nash.....

Licensed Embalmer No. 2432

P. O. Address 3847 Page

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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