

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21689
Registrar's No. 1674

Registration District No. 397

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Lemay
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mt. St. Rose Sanatorium 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

3: (a) PRINT FULL NAME Lucy Blewett Funk

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife William A. Funk

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

7. Birth date of deceased February 22 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

62 4 16 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Willis Hord

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

14. Maiden name Josephine Dyson

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

16. (a) Informant Birdie L. Byrd

(b) Address 814 W. Main, Festus, Mo.

17. (a) Burial (b) Date thereof 7-10-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director H.S. Vinyard

(b) Address Festus, Mo.

19. (a) 7-8-48 (b) Bacel [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson 50

(c) City or town Festus 3
(If outside city or town limits, write "RURAL")

(d) Street No. 814 W. Main 1
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No!)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 8
year 1948 hour 12 minute 35 A.M.

21. I hereby certify that I attended the deceased from APRIL 22, 1947 to JULY 8, 1948
that I last saw her alive on JULY 5, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death CARDIAC AND RESPIRATORY FAILURE

Due to PULMONARY TUBERCULOSIS

Due to 136

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

Major findings: Of operations _____

Of autopsy PULMONARY TUBERCULOSIS

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) _____

(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) _____ (e) Means of injury _____

While at work? _____

23. Signature [Signature] (M. D. or other) 18/48

Address WAL BLDG ST. LOUIS, MO Date signed _____

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

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 *J. W. Wilkinson*

Licensed Embalmer No. 3575

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.