

FILED FEB 2 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1003

622

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <b>St Louis, Mo</b>		b. CITY (If outside corporate limits, write RURAL and give township)		a. STATE <b>Missouri</b>		b. COUNTY	
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township)		d. STREET ADDRESS (If rural, give location)		e. TOWN	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G Phillips Hospital</b>		e. TOWN <b>St. Louis</b>		d. STREET ADDRESS <b>4219 E Cook</b>		e. TOWN	
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Lillie</b>		b. (Middle) <b>Midget</b>		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year)		5. SEX <b>Female</b>		6. COLOR OR RACE <b>Col</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH (Month) (Day) (Year)		9. AGE (In years last birthday)		IF UNDER 1 YEAR (Months) (Days)		IF UNDER 24 HRS. (Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cook</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Undknow</b>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>George Goode</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Goode</b>		14. NAME OF HUSBAND OR WIFE <b>Decease</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>George Morris 4255 W Maffitt Ave</b>			
18. CAUSE OF DEATH Enter into one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<b>Hypertensive Heart Disease with</b>					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
DUE TO (b)		<b>Undetermined</b>					
DUE TO (c)		<b>Arteriosclerosis</b>					
II. OTHER SIGNIFICANT CONDITIONS		<b>Uterine Myofibroma and Generalized</b>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>443X</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>1-17</b> , 19 <b>49</b> , to <b>1-19</b> , 19 <b>49</b> , that I last saw the deceased alive on <b>1-19</b> , 19 <b>49</b> , and that death occurred at <b>7:55 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Osco J Daniels M. D.</b>				23b. ADDRESS <b>2601 N Whittier</b>		23c. DATE SIGNED <b>1-20-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>1/22/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Cape Girardeau Mo</b>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <b>JAN 21 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Pasater</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>NHerman J. Smith 4247 1/2 Labadie Ave</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Laurence E Woodson*

Licensed Embalmer No. *4341*

P. O. Address *St Louis 13 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.