

FILED JAN 29 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3340

State File No. ....

258

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOMER C. PHILLIP</u>		d. STREET ADDRESS (If rural, give location) <u>4231 W. Moffett</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ludell</u>	b. (Middle)	c. (Last) <u>Totton</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1 8 49</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>Col.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Sept. 9, 1885</u>	9. AGE (In years) (last birthday) <u>63</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Japan</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Mollie Fort</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mollie Johnson</u> ADDRESS <u>4231 W. Moffett</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION <u>Congestive Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Degenerative Heart Disease with marked</u>		
	ANTECEDENT CAUSES <u>Undetermined</u>		
DUE TO (b) <u>None</u>			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS- Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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
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22. I hereby certify that I attended the deceased from 1-6, 1949, to 1-8, 1949, that I last saw the deceased alive on 1-8, 1949, and that death occurred at 5:45a m., from the causes and on the date stated above.

22a. SIGNATURE <u>Oscar L. Davidillo</u> (Degree or title) <u>M. D.</u>	22b. ADDRESS <u>2601 N Whittier St.</u>	22c. DATE SIGNED <u>1/10/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>1/11/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>	24d. LOCATION (City, town, or county) (State) <u>9800 N. Alton Rd. St. Louis</u>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>JAN 10 1949</u> <u>J. B. Laster</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Heather Smith</u> ADDRESS <u>4247 E. Lake</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*Handwritten mark*

*Me - 2849*

**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.

Signed.....  
Student Embalmer

Signed *Suzanne E Woodson*

Licensed Embalmer No. *1341*

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.