No. 300
10-48

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6186

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1791

1. PLACE OF DEATH
a. COUNTY Homer G. Phillip
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place) 35 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Same

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE 1014 N 14th St Louis
b. COUNTY Mo
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
d. STREET ADDRESS (If rural, give location) 1014 N 14th

3. NAME OF DECEASED (Type or Print) a. (First) ELIZABETH b. (Middle) c. (Last) FULLER

4. DATE OF DEATH (Month) (Day) (Year) February 22 1949

5. SEX Female

6. COLOR OR RACE Color

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow

8. DATE OF BIRTH 3/13/1896

9. AGE (In years last birthday) 52 | IF UNDER 1 YEAR Months 2 Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Greenwood, Miss

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME J. L. Lauderdale

13b. MOTHER'S MAIDEN NAME Molly Harrison

14. NAME OF HUSBAND OR WIFE —

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. 498 10 7819

17. INFORMANT'S SIGNATURE OR NAME Eddie Lauderdale ADDRESS 405 Adams St

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH Unk

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) — 108

DUE TO (c) — 490 X

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

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) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* February 6, 1949, *to* February 22, 1949, *that I last saw the deceased alive on* Feb 22, 1949 *and that death occurred at* 5:15 A *m., from the causes and on the date stated above.*

23a. SIGNATURE J. B. Clayton (Degree or title) MD

23b. ADDRESS 2601 N Whittier St

23c. DATE SIGNED 2-24-49

24a. BURIAL, CREMATION, REMOVAL (Specify) C

24b. DATE 2/26/49

24c. NAME OF CEMETERY OR CREMATORY Washington PK

24d. LOCATION (City, town, or county) St. Louis (State) Mo

DATE REC'D BY LOCAL REG. FEB 25 1949

REGISTRAR'S SIGNATURE J. B. Lasater

25. FUNERAL DIRECTOR'S SIGNATURE Davis & Broom **ADDRESS** 1405 Biddle

(Licensed Embalmer's Statement on Reverse Side)

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

25

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.....

Licensed Embalmer No.....

P. O. Address.....

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.