

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6807

FILED MAR 5 1949

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1279**

1. PLACE OF DEATH a. COUNTY <b>3710 Cook Ave St. Louis Mo</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>			c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3710 Cook Ave</b>			d. STREET ADDRESS (If rural, give location) <b>3710 Cook Ave</b>		

3. NAME OF DECEASED (Type or Print) <b>Lou</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 5- 49</b>		
5. SEX <b>F</b>		6. COLOR OR RACE <b>col.</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>States</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Deceased</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. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Edith Hill</b>	
				ADDRESS <b>3125 Franklin</b>	

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) <b>Chronic myocarditis</b>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Hypertension</b>					
		DUE TO (b)					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>93</b>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>11.10 X</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)		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 **Dec 5, 1948**, to **Feb 5, 1949**, that I last saw the deceased alive on **Feb 3, 1949**, and that death occurred at **10:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>L. B. Howell M.D. (1)</b>		23b. ADDRESS <b>2902 rd de de</b>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb 10 49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cem</b>	
				24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo</b>	

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>2-10-49 J. B. Lanter</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J. W. Hughes</b>		ADDRESS <b>2620 Lawton</b>	
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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.

Signed Lyda Hughes

Signed.....  
Student Embalmer

Licensed Embalmer No. 938

P. O. Address St Louis m

**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.