

FILED APR 8 1949

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2836

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

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|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>04-11</i> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <i>St Louis</i> | | c. CITY (If outside corporate limits, write RURAL and give township) <i>St Louis</i> | |
| c. LENGTH OF STAY (In this place) <i>9</i> | | d. STREET ADDRESS (If rural, give location) <i>2706 (near) Franklin</i> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Homer G Phillips Hospital</i> | | | |

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|---|---|--|--|---|---|
| 3. NAME OF DECEASED (Type or Print) <i>Lulu Rafferty</i> | | | 4. DATE OF DEATH (Month) (Day) (Year) <i>March 26 1949</i> | | |
| 5. SEX <i>Female</i> | 6. COLOR OR RACE <i>Colored</i> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i> | 8. DATE OF BIRTH <i>11-27-1894</i> | | 9. AGE (In years last birthday) <i>54</i> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i> | 10b. KIND OF BUSINESS OR INDUSTRY <i>-</i> | 11. BIRTHPLACE (State or foreign country) <i>Mexico, Missouri</i> | | 12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i> | |

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|---|--|---|--|--|--|
| 13a. FATHER'S NAME <i>Unknown</i> | | 13b. MOTHER'S MAIDEN NAME <i>Unknown</i> | | 14. NAME OF HUSBAND OR WIFE (deceased) <i>Clarence Rafferty</i> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i> | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Willie Davis, 2706 Rear Franklin</i> | |

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|--|--|---|--|----------------------------------|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION <i>Malignancy</i> | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Probable Gastro-intestinal</i> | | DUPLICATE OF (a) <i>Probable Gastro-intestinal</i> | | | |
| *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 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Undetermined</i> | | | |
| | | DUE TO (c) | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>None</i> | | | |

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|--|--|--|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <i>46- 1544</i> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 *3-23*, 19*49*, to *3-26*, 19*49*, that I last saw the deceased alive on *3-26*, 19*49*, and that death occurred at *8 a* m., from the causes and on the date stated above.

| | | | | | |
|--|--|---|--|--|--|
| 23a. SIGNATURE (Degree or title) <i>Walter J. Daniels M. D.</i> | | 23b. ADDRESS <i>2601 N Whittier St</i> | | 23c. DATE SIGNED <i>3-28-49</i> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> | | 24b. DATE <i>3/30/49</i> | | 24c. NAME OF CEMETERY OR CREMATORY <i>National Cemetery</i> | |
| | | 24d. LOCATION (City, town, or county) (State) <i>St. Louis Mo.</i> | | | |

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|---|--|---|--|
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>MAR 29 1949 J. B. Parater</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Houston Funeral Home 2812 Thomas</i> | |
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 29 1949

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.....

Leroy W. Gannister

Signed.....

Student Embalmer

Licensed Embalmer No.

4523

P. O. Address.....

3880 Easton Ave

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.