

FILED OCT 7 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 31607

318

1003

8128

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

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>St</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PARK LANE HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>3 3411 MANHATTAN</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>AMY</u> b. (Middle) <u>LUCINDA</u> c. (Last) <u>BLACK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-19-49</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>MCH 13-1882</u>	9. AGE (In years last birthday) <u>67</u>	10. CITIZEN OF WHAT COUNTRY? <u>U.S</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>DILLON DMO</u>	

13a. FATHER'S NAME <u>HENRY JAMES BLACK</u>		13b. MOTHER'S MAIDEN NAME <u>EMELINE GRISHAM</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>S.P. Black 3411 Manhattan</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Carcinoma of Liver</u>  DUE TO (b) _____  DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH _____ _____ _____	
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 <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) <u>St Louis MO MO</u>	
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? <u>1st floor</u>	

22. I hereby certify that I attended the deceased from July 8, 1949 to Sept 19, 1949, that I last saw the deceased alive on Sept 19, 1949, and that death occurred at 7:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. S. Shaver M.D.</u>		23b. ADDRESS <u>Lundell Trust Bldg</u>		23c. DATE SIGNED <u>9-19-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9-21-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>DAK HILL CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>KIRKWOOD MO</u>		24e. REGISTRAR'S SIGNATURE <u>J.B. Lancaster</u>		24f. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Parker and Co. Webster Groves Mo</u>	

SEP 20 1949

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

*Leslie Welch*

Licensed Embalmer No. 4395

P. O. Address Wobster Groves

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.