No. 300
10.48

FILED MAY 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16069

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 153

1. PLACE OF DEATH
a. COUNTY: Callaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fulton
c. LENGTH OF STAY (In this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital No 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: St Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirkwood 4770
d. STREET ADDRESS (If rural, give location): 331 New York St

3. NAME OF DECEASED (Type or Print): a. (First) Lucy b. (Middle) none c. (Last) Woods
4. DATE OF DEATH (Month) May (Day) 6 (Year) 1950
5. SEX: F
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Dec 12 1874
9. AGE (In years last birthday): 75 — If under 1 year: Months 4 Days 20 — If under 24 hrs.: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House keeping
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Adam Smith
13b. MOTHER'S MAIDEN NAME: DK
14. NAME OF HUSBAND OR WIFE: —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Hospital Records ADDRESS:

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-Renal Disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Gangrene left foot
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 442X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ 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* Mar 29, 1950, *to* May 6, 1950, *that I last saw the deceased alive on* May 5, 1950, *and that death occurred at* 6:50 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Ralf Hanks (Degree or title) MD
23b. ADDRESS: Fulton Mo
23c. DATE SIGNED: May 6 1950

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/11/50
24c. NAME OF CEMETERY OR CREMATORY: Father Dickson
24d. LOCATION (City, town, or county) (State): St Louis County

DATE REC'D BY LOCAL REG.: May 7-1950
REGISTRAR'S SIGNATURE: Maretta Lawrence 426
25. FUNERAL DIRECTOR'S SIGNATURE: Lee J. Sneed ADDRESS: 3615 Easton Ave St Louis Mo

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 12 1956

RECEIVED MAY 15 1956
District Health Officer No. 9,
District File Number----------

DEC 29 1962

JUL 3 1953

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~~ .....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Eli Bell

Signed.....
Student Embalmer

Licensed Embalmer No. 2130

P. O. Address Fulton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.