

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 13 1951

1003 State File No. 42412  
Registrar's No. 11166

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. _____		Registrar's No. <u>11166</u>		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____				
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>				e. STREET ADDRESS (If rural, give location) <u>1388a Hodiemo Ave</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lillian Irvin.</u> b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 27, 1950.</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>Married</u> (Specify)		8. DATE OF BIRTH <u>Apr. 7, 1883.</u>		
9. AGE (In years last birthday) <u>67</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Kinsey Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U</u>	
13a. FATHER'S NAME <u>Peter Primo.</u>			13b. MOTHER'S MAIDEN NAME <u>Emily LeLumder</u>		14. NAME OF HUSBAND OR WIFE <u>C.A. Irvin</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>C.A. Irvin</u>		ADDRESS <u>1388a Hodiemo</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				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral thrombosis</u>				DUPLICATE (b) <u>auricular fibrillation</u>				<u>24 hrs</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUPLICATE (c) <u>organic heart disease</u>								<u>2 years(?)</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								<u>5 years(?)</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) m. _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>H3H3</u>				
22. I hereby certify that I attended the deceased from <u>12-26</u> , 19 <u>50</u> , to <u>12-27</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12-26</u> , 19 <u>50</u> , and that death occurred at <u>5:35 Am.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>James W. Fletes</u> (Degree or title) <u>M. D.</u>				23b. ADDRESS <u>6900 Clayton ave</u>		23c. DATE SIGNED <u>12-27-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 29, 1950.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>DEC 28 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Foster</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. B. Foster</u> ADDRESS <u>1389 Union</u>				

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

*Ronald Yahrke*  
Licensed Embalmer No. 3970

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.