

FILED JAN 13 1951

STANDARD CERTIFICATE OF DEATH

State File No. 42927

318

1003

Registrar's No. 11257

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY <u>1</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY OR TOWN <u>St. Louis</u>	c. LENGTH OF STAY (In this place) <u>29 years</u>	c. CITY OR TOWN <u>St. Louis</u> <u>2159</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Park Lane Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>4444 Osceola</u>	

3. NAME OF DECEASED (Type or Print), <u>Lula May Tidd</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH <u>Dec. 29, 1950</u> (Month) (Day) (Year)
--	------------	-------------	-----------	---

5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct. 1, 1897</u>	9. AGE (In years last birthday) <u>53</u>	# UNDER 1 YEAR Months <u>2</u> Days <u>28</u>	# UNDER 1 HR. Hours _____ Min. _____
----------------------	-------------------------------	---	--------------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (State or foreign country) <u>Adair Co. - Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	---	--

13a. FATHER'S NAME <u>James S. Cass</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Edm. C. Tidd</u>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Edm. C. Tidd</u> ADDRESS <u>4444 Osceola</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>Diabetes mellitus</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 <u>Generalized arteriosclerosis & Myocarditis.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>No surgery.</u>	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? <u>2ndX</u>
--	--	--

22. I hereby certify that I attended the deceased from November 12, 50 to Dec. 29, 1950, that I last saw the deceased alive on Dec. 29, 1950, and that death occurred at 12:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Frederic J. [Signature]</u> (Degree or title)	23b. ADDRESS <u>1930 Lindell Blvd., St. Louis, Mo.</u>	23c. DATE SIGNED <u>12/30/50</u>
---	--	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 1, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rose Lawn Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Crystal City, Mo.</u>
---	-------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>JAN 2 1951</u>	REGISTRAR'S SIGNATURE <u>J. B. [Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Georgette [Signature]</u> ADDRESS <u>Crystal City, Mo.</u>
--	--	--

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

11257

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.....
Student Embalmer

Signed Anthony R. Talia
Licensed Embalmer No. 3481

P. O. Address Digital City, N

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.