

FILED MAR 6 1951

## STANDARD CERTIFICATE OF DEATH

State File No. 6831  
Registrar's No. 1196

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 6831		Registrar's No. 1196		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE b. COUNTY						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. LENGTH OF STAY (In this place) 5 Days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Ann 4071				
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Baptist Hospital				d. STREET ADDRESS (If rural, give location) 10270 St. Katherine, Lane						
3. NAME OF DECEASED a. (First) (Type or Print) Lillian			b. (Middle) Wood		c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Feb. 3, 1951		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Aug. 30, 1894		9. AGE (In years last birthday) 56		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laundry Marker		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Sheffield, Ala.			12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Pete Long			13b. MOTHER'S MAIDEN NAME Victoria Kahn			14. NAME OF HUSBAND OR WIFE				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 493-03-4590		17. INFORMANT'S SIGNATURE OR NAME Eugene L. Wood, 10270 St. Katherine, Lane					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Accident</u>					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) <u>atherosclerosis</u>						
				DUE TO (c)						
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>diabetes, Pneumonia</u>						
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)					
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? 384X					
22. I hereby certify that I attended the deceased from <u>1/22</u> , 19 <u>51</u> , to <u>2/3</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>2/3</u> , 19 <u>51</u> , and that death occurred at <u>11:55P</u> m., from the causes and on the date stated above.										
23a. SIGNATURE <u>Robert J. Mueller</u> (Degree or title)					23b. ADDRESS 16 Hampton Village Plaza			23c. DATE SIGNED <u>2/6/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 7, 1951		24c. NAME OF CEMETERY OR CREMATORY Park Lawn		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.				
DATE REC'D BY LOCAL REG. FEB 6 1951		REGISTRAR'S SIGNATURE <u>J. B. Lasater</u>			25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc. 2161 E. Fair Ave					

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....  
working under my personal supervision.

.....  
Student Embalmer No.....

Signed.....

*Chas W. Hays*

Signed.....  
Student Embalmer

Licensed Embalmer No.....

*3737*

P. O. Address.....

*St Louis, Miss.*

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.