No. 300
10.48

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

FILED JUN 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24379

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5873

1. PLACE OF DEATH
a. COUNTY: St. Louis,
b. CITY OR TOWN: St. Louis
c. LENGTH OF STAY (In this place): 25yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Homer G Phillips Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri.
b. COUNTY:
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: St.Louis, 21 2219 8
d. STREET ADDRESS (If rural, give location): 2942 Sheridan Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Lillie
b. (Middle):
c. (Last): Burt

4. DATE OF DEATH (Month) June (Day) 29 (Year) 1951

5. SEX: Female 3
6. COLOR OR RACE: Col.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July. 18. 1899
9. AGE (In years last birthday): 52 — If under 1 year: Months II Days I — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ala.
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Sam Alexander
13b. MOTHER'S MAIDEN NAME: Cora Thompson
14. NAME OF HUSBAND OR WIFE: Wade Burt

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.: None.
17. INFORMANT'S SIGNATURE OR NAME: Wade Burt. **ADDRESS**: 2942 Sheridan Ave.

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.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Diabetic Acidosis — INTERVAL BETWEEN ONSET AND DEATH: Undet.

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. None

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?: Yes X

22. *I hereby certify that I attended the deceased from* 2-13, 19 51, *to* 6-29, 19 51, *that I last saw the deceased alive on* 6-29, 19 51, *and that death occurred at* 3 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Frank O Richards M. D.
23b. ADDRESS: 2601 N Whittier St
23c. DATE SIGNED: 6-29-51

24a. BURIAL, CREMATION, REMOVAL (Specify): 0
24b. DATE: 7-6-51
24c. NAME OF CEMETERY OR CREMATORY: Greenwood Cemetery.
24d. LOCATION (City, town, or county) (State): St Louis mo

DATE REC'D BY LOCAL REG.: JUN 30 1951
REGISTRAR'S SIGNATURE: J. B. Lessler
25. FUNERAL DIRECTOR'S SIGNATURE: Pinkie L. Torey **ADDRESS**: 3129 Sueme

(Licensed Embalmer's Statement on Reverse Side)

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.....

x ....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Clark Maury

Licensed Embalmer No. 3378

P. O. Address St Louis

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.