

FILED AUG 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24991
6825
Registrar's No.

318

1003

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

1. PLACE OF DEATH a. COUNTY <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2209</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital #1</u>		e. STREET ADDRESS (If rural, give location) <u>1820 Elliott Ave. 0</u>	
3. NAME OF DECEASED a. (First) <u>LILLIE</u> (Type or Print)		b. (Middle) <u>MAYNARD</u> c. (Last)	
4. DATE OF DEATH <u>JULY 29 1951</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>Sept 9-1891</u>		9. AGE (In years last birthday) <u>59</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. 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	
11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>James Oliver</u>		13b. MOTHER'S MAIDEN NAME <u>Omah Thorn</u>	
14. NAME OF HUSBAND OR WIFE <u>James Maynard</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James Maynard 1820 Elliott Ave</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ARTERIO SCLEROSIS, GENERALIZED</u></u> <u>2. ANTECEDENT CAUSES</u> <u>Arterid conditions, if any, giving DUE TO (b) <u>GANGRENE, BOTH LEGS</u></u> <u>rise to the above cause (a) stating the underlying cause last.</u> <u>DUE TO (c) <u>DIABETES MELLITUS</u></u> <u>3. OTHER SIGNIFICANT CONDITIONS</u> <u>Conditions contributing to the death but not related to the disease or condition causing death. <u>AMPUTATION, LEFT MID THIGH</u></u>		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <u>7/10/51</u>		19b. MAJOR FINDINGS OF OPERATION <u>ADVANCED ARTERIOSCLEROSIS</u>	
20. AUTOPSY? YES <input checked="" 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>2nd X</u>		22. I hereby certify that I attended the deceased from <u>6-30-51</u> , 19 <u>51</u> , to <u>7-29-51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>7-29-51</u> , 19 <u>51</u> , and that death occurred at <u>8:20A</u> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>W. B. Kuebler M.D.</u>		23b. ADDRESS <u>1515 Lafayette Avenue</u>	
23c. DATE SIGNED <u>7-30-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>8-1-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Leidner U., 2223 St. Louis Ave</u>	
DATE RECORDED BY LOCAL REG. <u>JUL 31 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Farster</u>	

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

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2-7

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 John P. Buchholz
Licensed Embalmer No. 1674

P. O. Address 2223 8th Ave. S.W.

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.