

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28451  
6922

State File No. ....

FILED AUG 25 1951

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. ....					
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				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) <u>St. Louis</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		<u>2229</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Enroute to Homer Phillips</u>				d. STREET ADDRESS (If rural, give location) <u>825 S. Sixth St.</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>DOROTHY</u> b. (Middle) _____ c. (Last) <u>LARY</u>			4. DATE OF DEATH (Month) <u>Aug</u> (Day) <u>1</u> (Year) <u>1951</u>								
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married.</u>		8. DATE OF BIRTH <u>3-16-50</u>					
9. AGE (In years last birthday) <u>1</u>		IF UNDER 1 YEAR Months <u>4</u> Days _____		IF UNDER 24 HRS. Hours _____ Min. _____							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo</u>					
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			13a. FATHER'S NAME <u>Sam Lary</u>		13b. MOTHER'S MAIDEN NAME <u>Bettie Thompson</u>		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) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bettie Lary</u>				ADDRESS <u>825 S. 6th St.</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Comminuted fracture of skull, suffered when run over by wheel of tractor-trailer on 806th St., about 800 pm Aug 1, 1951, truck operated by Gurley Dell.</u>				INTERVAL BETWEEN ONSET AND DEATH _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Accident.</u>				20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>farm</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Mo</u>							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 1 5:30 pm</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>8120 25</u>							
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>800 p.</u> m., from the causes and on the date stated above.											
23a. SIGNATURE <u>Patrick Taylor Caron</u>				(Degree or title) _____		23b. ADDRESS <u>1300 Clark Ave.</u>		23c. DATE SIGNED <u>8.5.51.</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-4-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo</u>					
DATE REC'D BY LOCAL REG. <u>AUG 3 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Karater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McClain &amp; Roundtree</u>				ADDRESS <u>3703 Chouteau</u>			

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

*mm*

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 Leroy W. Barrister

Licensed Embalmer No. 4523

P. O. Address 3880 Easton

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.