

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28515
7266

FILED AUG 25 1951

318 PHILLIPS HOSPITAL 1003

File No.

28515

7266

BIRTH NO. _____		REG. DIST. NO. _____		REG. DIST. NO. _____		REGISTRAR'S NO. _____	
1. PLACE OF DEATH a. COUNTY Missouri				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 20 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital				2. STREET ADDRESS (If rural, give location) 2816a Sherdian			
3. NAME OF DECEASED (Type or Print) a. (First) Lucille		b. (Middle) XXXXX		c. (Last) Marzette		4. DATE OF DEATH (Month) (Day) (Year) Aug. 12 1951	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 21 1914		9. AGE (In years last birthday) 37	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Oper.		10b. KIND OF BUSINESS OR INDUSTRY Liggett-Myers		11. BIRTHPLACE (State or foreign country) Bivins, Texas		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Wyatt C. Crenshaw		13b. MOTHER'S MAIDEN NAME Susie Hawkins		14. NAME OF HUSBAND OR WIFE Dewitt Marzette			
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. Unk.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dewitt Marzette 2816a Sherdian			
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) Carcinoma of left Breast with Metastases				INTERVAL BETWEEN ONSET AND DEATH Unknown	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Unknown					
		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 <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? 170X			
22. I hereby certify that I attended the deceased from July 8, 1951 , to Aug. 12, 1951 , that I last saw the deceased alive on Aug. 12, 1951 , and that death occurred at 6:55 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE Frank Woodson M.D.				23b. ADDRESS 2601 N. Whittier		23c. DATE SIGNED 8/14/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8/17/51		24c. NAME OF CEMETERY OR CREMATORY Terrell, Texas		24d. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REG. AUG 14 1951		REGISTRAR'S SIGNATURE W. G. Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Charles J. Gates 4107 Finney Av			

WRITE PLAINLY IN 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John K. Cunningham

Licensed Embalmer No. 4476

P. O. Address 4107 Finney Ave.

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.