

No. 300  
10. 48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28881  
State File No. 28881  
Registrar's No. 7300

FILED AUG 25 1951

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		REGISTRAR'S NO. _____	
1. PLACE OF DEATH a. COUNTY <u>0</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>16 hours</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>E. St. Louis</u>		<u>8120</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PEOPLES HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>1700 Piggott</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lubertha</u>		b. (Middle) _____		c. (Last) <u>Young</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8-15-51</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED (Specify) <u>Separated</u>		8. DATE OF BIRTH <u>Dec. 25, 1908</u>	
9. AGE (In years last birthday) <u>42</u>		10. MONTHS <u>2</u>		11. DAYS <u>2</u>		12. HOURS <u>2</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Kitchen-helper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Stix Baer Fuller</u>		11. BIRTHPLACE (State or foreign country) <u>Livingston, Alabama</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>King George Wren</u>		13b. MOTHER'S MAIDEN NAME <u>Celia Hutchins</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>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Albert C. Robinson</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Congestion</u>  ANTECEDENT CAUSES <u>Spinal Anesthesia; while undergoing an operation</u> <u>due to a large of pelvic tumor at Peoples Hospital on Aug. 15, 1951</u>  II. OTHER SIGNIFICANT CONDITIONS <u>Peoples Hospital on Aug.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>279X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>15 19 51</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>279X</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>10:15</u> A.M., from the causes and on the date stated above.							
23a. SIGNATURE <u>Wm. Perry Cook</u>				23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>8/16/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8-16-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Booker Washington</u>		24d. LOCATION (City, town, or county) <u>E. St. Louis, Illinois</u>	
DATE RECD BY LOCAL REG. <u>AUG 16 1951</u>		REGISTRAR'S SIGNATURE <u>Earl Smith M. G.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. J. Nash</u>		ADDRESS <u>3847 Page</u>	

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

that marking good, number 10 pregnancy

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**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.....  
Student Embalmer

Signed C. J. Nash

Licensed Embalmer No. 2432

P. O. Address 3847 Page.

**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.