

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39185

State File No.

FILED DEC 8th 1951

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10590**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10590			
1. PLACE OF DEATH a. COUNTY _____				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 town) St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2119			
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital				e. STREET ADDRESS (If rural, give location) 3900 W. Belle Ave. Apt. 502					
3. NAME OF DECEASED (Type or Print) a. (First) Lulu			b. (Middle) _____		c. (Last) Ivy		4. DATE OF DEATH (Month) (Day) (Year) Nov. 24 1951		
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Single		8. DATE OF BIRTH 7/11/93		9. AGE (In years last birthday) 68	
						IF UNDER 1 YEAR Months Days		IF UNDER 11 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook				10b. KIND OF BUSINESS OR INDUSTRY Private Family		11. BIRTHPLACE (State or foreign country) Mississippi		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Owen Ivy			13b. MOTHER'S MAIDEN NAME Rosetta Johnson			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) No			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Lucille Williams, 3900 W. Belle Apt. 502				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage						9 days	
		ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.							
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
		DUE TO (b) Undetermined							
		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? 221X					
22. I hereby certify that I attended the deceased from 10-15 , 19 51 , to 11-24 , 19 51 , that I last saw the deceased alive on 11-24 , 19 51 , and that death occurred at 11:20p. , from the causes and on the date stated above.									
23a. SIGNATURE Lawrence W. Harris				(Degree or title) M. D. C.		23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED 11-26-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11/29/51		24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.			
DATE RECD BY LOCAL REG. NOV 28 1951		REGISTRAR'S SIGNATURE Earl Smith				25. FUNERAL DIRECTOR'S SIGNATURE Chas. J. Gates, 4107 Finney Avenue			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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 

Licensed Embalmer No. 4257

P. O. Address 4107 7th

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.