

STANDARD CERTIFICATE OF DEATH

State File No. 40195

JAN 10 1952

1003

Registrar's No. 11345

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. _____		Registrar's No. 11345	
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 township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 31 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION 2713 McNair Avenue				2d. STREET ADDRESS (If rural, give location) 2713 McNair Avenue			
3. NAME OF DECEASED (Type or Print) a. (First) MILTON		b. (Middle) ELMER		c. (Last) LOURWOOD		4. DATE OF DEATH (Month) (Day) (Year) December 18, 1951	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M		8. DATE OF BIRTH July 23, 1891	
9. AGE (In years last birthday) 60		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) Freight Handler			10b. KIND OF BUSINESS OR INDUSTRY Railway Express Agency.			11. BIRTHPLACE (State or foreign country) Thayer, Missouri	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME James E. Lourwood		13b. MOTHER'S MAIDEN NAME Ella Frier		14. NAME OF HUSBAND OR WIFE Idyll	
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. _____		17. INFORMANT'S SIGNATURE OR NAME Idyll Lourwood ADDRESS 2713 McNair Avenue			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 7-16-1951	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis & infarct		ANTECEDENT CAUSES None					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____					
		DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 1-41 O.X.			
22. I hereby certify that I attended the deceased from Jul 1, 1951 , to Dec 18, 1951 , that I last saw the deceased alive on Dec 15, 1951 , and that death occurred at 7:00 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE O.H. Moore M.D. (Degree or title)				23b. ADDRESS 917-58 18th		23c. DATE SIGNED 12-21-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-22-51		24c. NAME OF CEMETERY OR CREMATORY Mount Hope		24d. LOCATION (City, town, or county) (State) St. Louis County Missouri	
DATE REC'D BY LOCAL REG. DEC 21 1951		REGISTRAR'S SIGNATURE [Signature]		FUNERAL DIRECTOR'S SIGNATURE McLaughlin ADDRESS 2301 Lafayette Avenue			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. H. G. Moore, MD
917 So. 18th Street

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 H. G. Farris

Licensed Embalmer No. 3384

P. O. Address 2301 Lafayette

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.