

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10727**  
Registrar's No. **2930**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G Phillips Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>21 2841 A. Delmar Blvd.</b>	

3. NAME OF DECEASED (Type or Print) <b>Lula</b>			a. (First)			b. (Middle) <b>Washington</b>			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>March 24, 1952</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>Colored</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>11-10-1910</b>			9. AGE (In years last birthday) <b>41</b>		IF UNDER 1 YEAR Months		IF UNDER 12 HRS. Hours		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Button Mfg. Co.</b>				11. BIRTHPLACE (State or foreign country) <b>Arkansas</b>				12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>			

13a. FATHER'S NAME <b>Jess Fountain</b>			13b. MOTHER'S MAIDEN NAME <b>Belle Johnson</b>			14. NAME OF HUSBAND OR WIFE <b>Phillip Washington</b>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>N</b>		16. SOCIAL SECURITY NO. <b>492-16-0668</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Phillip Washington</b>		ADDRESS <b>2841 A. Delmar Blvd</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Tuberculosis of Lung and Gastro-intestinal tract.</b>						<b>Undet.</b>	
		ANTECEDENT CAUSES <b>Undetermined</b>							
		DUE TO (b) _____ DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS <b>None Hydronephrosis</b>							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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? <b>no 2X</b>	

22. I hereby certify that I attended the deceased from **3-19**, 19**52**, to **3-24**, 19**52**; that I last saw the deceased alive on **3-24**, 19**52**, and that death occurred at **9:40a** m., from the causes and on the date stated above.

23. SIGNATURE <b>Lorenzo W. Harris</b> (Degree or title) <b>M. D.</b>		23b. ADDRESS <b>2601 N Whittier St</b>		23c. DATE SIGNED <b>3-26-52</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>3-31-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>MAR 28 1952</b>		REGISTRAR'S SIGNATURE <b>Carl Smith Md</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Ellis Funeral Home, Inc.</b>		ADDRESS <b>2820 Stoddard</b>	
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(Licensed Embalmer's Statement on Reverse Side)

No. 300  
10-48

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

FILED APR 12 1952

**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 Fulton E. Culkin

Signed.....

Student Embalmer

Licensed Embalmer No. 4198

P. O. Address St Louis 13. Mo

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.