

FILED MAR. 20 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11055

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3066 Registrar's No. 665

1. PLACE OF DEATH a. COUNTY <u>St. Louis County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kirkwood</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kirkwood</u>	
c. LENGTH OF STAY (in this place) <u>21 Yrs</u>		d. STREET ADDRESS (If rural, give location) <u>318 W. Monroe Ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>318 W. Monroe Ave</u>		e. STREET ADDRESS <u>318 W. Monroe Ave</u>	
3. NAME OF DECEASED (Type or Print) <u>Lucy</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 9 1952</u>	
a. (First)		b. (Middle)	
c. (Last) <u>Toney</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Oct. 9 1896</u>
9. AGE (in years last birthday) <u>54</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	11. BIRTHPLACE (State or foreign country) <u>Vicksburg Miss.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY <u>House wife</u>		
13a. FATHER'S NAME <u>Lonia West</u>		13b. MOTHER'S MAIDEN NAME <u>?</u>	
13c. NAME OF HUSBAND OR WIFE <u>Edward</u>			
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 <u>Mildred Toney</u>		ADDRESS <u>318 W. Monroe Av.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>unknown</u> 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 <u>331X</u>	
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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>12:30</u> , 19 <u>52</u> , to <u>9:00</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>8 March</u> , 19 <u>52</u> , and that death occurred at <u>1:00 p.m.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>J. A. Bennett, M.D.</u>		23b. ADDRESS <u>2430 W. Jefferson, Parkland</u>	
23c. DATE SIGNED <u>3-12-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 15. 52</u>	
24c. NAME OF CEMETERY OR CREMATOR <u>Father Dickson</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-12-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke, MO</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>John H. Hemphill</u>		ADDRESS <u>408 S. Fillmore Ave</u>	

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

1073

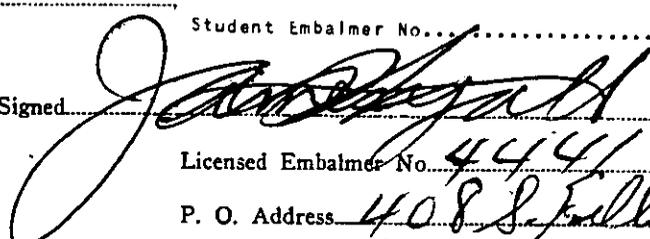
**STATEMENT BY LICENSED EMBALMER**

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.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed.....  


Licensed Embalmer No. 4441

P. O. Address 408 S. Fullmer

**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.