

STANDARD CERTIFICATE OF DEATH

State File No. **11208**
Registrar's No. **447**

FILED MAR 19 1952

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3070**

1. PLACE OF DEATH
a. COUNTY **St. Louis**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE _____ b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Webster Groves**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Webster Groves 4587**

d. FULL NAME OF HOSPITAL OR INSTITUTION **County Hospital**

d. STREET ADDRESS (If rural, give location) **5 East Kirkham**

3. NAME OF DECEASED
a. (First) **Lula** b. (Middle) _____ c. (Last) **Williams**

4. DATE OF DEATH (Month) (Day) (Year)
Feb 14 1952

5. SEX **Female**

6. COLOR OR RACE **Negro**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widow**

8. DATE OF BIRTH **Mar 27, 1905**

9. AGE (in years last birthday) **46**
IF UNDER 1 YEAR: Months _____ Days _____
IF UNDER 6 HRS.: Hours _____ Mins. _____

10a. USUAL OCCUPATION (live) and of work done during most of working life, even if retired) **Day Work**

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) **MO**

12. CITIZEN OF WHAT COUNTRY? **U**

13a. FATHER'S NAME **Ambrose Bentley**

13b. MOTHER'S MAIDEN NAME **Mary Williams**

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) _____

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Junie Fry 1625 1/2 Franklin

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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Carcinoma of the ovary**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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. **175X**

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION **None**

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **Jan 17, 1952**, to **Feb 14, 1952**, that I last saw the deceased alive on **Feb 14, 1952**, and that death occurred at **6:00 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Bennett Leale M.D.**

23b. ADDRESS **601 S. Brentwood, Clayton, Mo**

23c. DATE SIGNED **2-15-52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**

24b. DATE **Feb 20/52**

24c. NAME OF CEMETERY OR CREMATORY **Sheenwood Cem**

24d. LOCATION (City, town, or county) (State) **St Louis MO**

DATE REC'D BY LOCAL REG. **2-19-52**
REGISTRAR'S SIGNATURE **Herbert R. Donke MD**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Delmar F. Green
4214 Delmar F. Green

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

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 *Clarence Croomb*

Licensed Embalmer No. *4755*

P. O. Address *1221 N. Grand*

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.