

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18245

State File No. _____

LED JUN 6 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4727**

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| 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) 8 days | |
| c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | d. STREET ADDRESS (If rural, give location) 19 4141 Westminster Place | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital | | 4. DATE OF DEATH (Month) (Day) (Year) 5 - 20 - 1952 | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Edna b. (Middle) E c. (Last) Lilly | | 5. SEX Fem | |
| 6. COLOR OR RACE White | | 7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow | |
| 8. DATE OF BIRTH 11-81-1882 | | 9. AGE (In years last birthday) 69 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Home | |
| 11. BIRTHPLACE (City and State or Foreign Country) Illinois | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Louis Birdnow | | 13b. MOTHER'S MAIDEN NAME Virginia Washburn | |
| 14. NAME OF HUSBAND OR WIFE Frank J. Lilly | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME Robertson ADDRESS Frank Lilly, Rt. 2, Box 222 Mo | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) coronary arteriosclerosis 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? 4201 | | 22. I hereby certify that I attended the deceased from 5:10 1952 , to 5:20 , 1952 , that I last saw the deceased alive on 5-20 , 1952 , and that death occurred at 5P m., from the causes and on the date stated above. | |
| 23a. SIGNATURE Michael W. Karl | | 23b. ADDRESS 3720 Washington Blvd | |
| 23c. DATE SIGNED 5-21-52 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal IL | |
| 24b. DATE 5-23-1952 | | 24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem. | |
| 24d. LOCATION (City, town, or county) (State) St. Louis County Mo. | | 25. FUNERAL DIRECTOR'S SIGNATURE Drehmann-Harral | |
| 25. ADDRESS 1905 Union Blvd. | | DATE REC'D BY LOCAL REG. MAY 22 1952 | |

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

Dr. Michael Karl
Beaumont Bldg.

12:30 -5

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 Warren A. Carver

Licensed Embalmer No. 3534

P. O. Address _____

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.