

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10-48

FILED JUN 27 1952

BIRTH NO. County REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1442

1. PLACE OF DEATH a. COUNTY <u>St. Louis</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) OR TOWN <u>Koch</u>	c. LENGTH OF STAY (in this place) <u>2 mo.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2219</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Robert Koch Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1402a Glasgow</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lucille</u>	b. (Middle)	c. (Last) <u>Irvin</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>5</u> <u>30</u> <u>52</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>N</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>6-12-18</u>	9. AGE (In years last birthday) <u>33</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Willie Walker</u>	13b. MOTHER'S MAIDEN NAME <u>Christine Miller</u>	14. NAME OF HUSBAND OR WIFE <u>Johnnie Irvin</u>
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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) <u>unknown</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Johnnie Irvin</u>	ADDRESS. <u>1402a Glasgow</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>18 mos.</u> (?)
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u>		
	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.			

19a. DATE OF OPERATION -----	19b. MAJOR FINDINGS OF OPERATION -----	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) -----
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) -----	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	2H. HOW DID INJURY OCCUR? -----
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22. I hereby certify that I attended the deceased from April 1, 1952 to May 30, 1952, that I last saw the deceased alive on May 30, 1952, and that death occurred at 12:40 PM, from the causes and on the date stated above.

23a. SIGNATURE <u>Robert R. Dombke</u> (Degree or title)	23b. ADDRESS <u>Robert Koch Hospital</u>	23c. DATE SIGNED <u>5-31-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>6/5/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>6/2-52</u>	REGISTRAR'S SIGNATURE <u>Robert R. Dombke MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>EB Keane</u>	ADDRESS <u>1221 N. Grand</u>
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

61 6 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision. \_\_\_\_\_

Student \_\_\_\_\_

Student Embalmer \_\_\_\_\_

Signed Clarence Crooks

Licensed Embalmer No. 4755

P. O. Address 1221 N. York

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.