

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29677

State File No.

SEP 3-1952

318

1003

Registrar's No. 7812

BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give town) ST. LOUIS		a. STATE MISSOURI	b. COUNTY 2229
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOMER G PHILLIPS		d. STREET ADDRESS (If rural, give location) 2221 WALNUT ST	

3. NAME OF DECEASED a. (First) LULA		b. (Middle) KIRK		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 8 17 52	
5. SEX F	6. COLOR OR RACE C	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 5-14-96		9. AGE (In years last birthday) 56	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOMESTIC		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (City and State or Foreign Country) BOLDKNOB / ARK.		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME WM ALLEN		13b. MOTHER'S MAIDEN NAME MARY		14. NAME OF HUSBAND OR WIFE SAMUEL KIRK	
--------------------------------	--	-----------------------------------	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Samuel Kirk		ADDRESS 2221 Walnut	
---	--	-------------------------	--	--	--	------------------------	--

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity 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 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? 334X	

22. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:30 PM, from the causes and on the date stated above.

23a. SIGNATURE Charles Perry Clark		(Degree or title)		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 8/18/52	
---------------------------------------	--	-------------------	--	----------------------------	--	-----------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 8-21-52		24c. NAME OF CEMETERY OR CREMATORY GREENWOOD Cem.		24d. LOCATION (City, town, or county) (State) WELLSFORD MO	
---	--	----------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. AUG 18 1952		REGISTRAR'S SIGNATURE J. Carl Smith		FUNERAL DIRECTOR'S SIGNATURE W. G. Wallace		ADDRESS 2707 Stoddard	
---	--	--	--	---	--	--------------------------	--

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4524 Aldine

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.