

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29727**
Registrar's No. **7905**

SEP 3 - 1952

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 21st	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		d. STREET ADDRESS (If rural, give location) 4332 Labadie Avenue	
3. NAME OF DECEASED a. (First) Arminita		c. (Last) Liddell	
b. (Middle)		4. DATE OF DEATH (Month) (Day) (Year) August 17 1952	
5. SEX Female		6. COLOR OR RACE Colored	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 1, 1914	
9. AGE (In years last birthday) 37		10. F UNDER 1 YEAR 37	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Hartwell Gibbs		13b. MOTHER'S MAIDEN NAME Lillie Richardson	
14. NAME OF HUSBAND OR WIFE Ned Liddell		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. 493 24 0144		17. INFORMANT'S SIGNATURE OR NAME Beatrice Smith 4332 Labadie Ave.	
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) Probable Congestive Heart Failure ANTECEDENT CAUSES DUE TO (b) Undetermined DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Cervix (Squamous)	
INTERVAL BETWEEN ONSET AND DEATH Undet.		19. DATE OF OPERATION	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 4341H		22. I hereby certify that I attended the deceased from 7-13 , 19 52 , to 8-17 , 19 52 , that I last saw the deceased alive on 8-17 , 19 52 , and that death occurred at 10:30p m. , from the causes and on the date stated above.	
23a. SIGNATURE <i>H. B. Smith</i>		23b. ADDRESS 2601 N. Whittier St	
23c. DATE SIGNED 8-19-52		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Aug. 22, 1952		24c. NAME OF CEMETERY OR CREMATORY Greenwood	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Herman J Smith Mortuary 4247 W Labadie	
DATE REC'D BY LOCAL REG. AUG 20 1952		REGISTRAR'S SIGNATURE <i>J. Carl Smith MD</i> mjs (Licensed Embalmer's Statement on Reverse Side)	

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

Lawrence E. Woodson

Signed.....

Student Embalmer

Licensed Embalmer No. *4341*

P. O. Address *St. Louis, Mo.*

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.