No. 300
10.48

ILED JAN 26 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 45090

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11716

3

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

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis
c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): In Route to Homer G Phillips

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

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis 2259

d. STREET ADDRESS (If rural, give location): 25 1316 A Carr St

3. NAME OF DECEASED (Type or Print)
a. (First): Lucille
b. (Middle):
c. (Last): Smith

4. DATE OF DEATH (Month) (Day) (Year): 12th 18 1952

5. SEX: F 3

6. COLOR OR RACE: Negroe

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Oct. 13 1917

9. AGE (In years last birthday): 35 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country): Mississippi 1

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Elliston Long

13b. MOTHER'S MAIDEN NAME: Louise Loring

14. NAME OF HUSBAND OR WIFE: unknown

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: Louise Loring 620a No. Taylor

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

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Oedema of Brain
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 ☒ 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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 6 P.M. m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph M. Lucas Deputy Coun 3

23b. ADDRESS: 1300 Clark

23c. DATE SIGNED: 12/20/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 13

24b. DATE: 12.22.52

24c. NAME OF CEMETERY OR CREMATORY: Washington Park

24d. LOCATION (City, town, or county) (State): 9900 Naturebridge St Louis Mo

DATE REC'D BY LOCAL REG.: DEC 20 1952

REGISTRAR'S SIGNATURE: J Earl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Burke & Southwood 3506 Franklin Ave

(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 [illegible]

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Thos J Yandell

Licensed Embalmer No. 4243

P. O. Address Webster Grove M

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.