

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7815**  
Registrar's No. **1738**

BIRTH NO. **MAR 11 1953** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G Phillips Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>22 1814 Papin</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Lettie</b> b. (Middle) c. (Last) <b>Neely</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 10 1953</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Colored</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>Oct. 23, 1912</b>	9. AGE (In years last birthday) <b>40</b>	# UNDER 1 YEAR # UNDER 10 Hrs. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Domestic</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Cohoma, Mississippi</b>	

13a. FATHER'S NAME <b>Charles Barksdale</b>		13b. MOTHER'S MAIDEN NAME <b>Sally Diner</b>		14. NAME OF HUSBAND OR WIFE <b>Not known</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Bennie Neely, 1814 Papin St.</b>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Abscesses of Lung (Probably Pulmonary Tuberculosis)</b> Antecedent Causes <b>Undetermined</b> 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 (State or list) <b>None</b> Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <b>Undet.</b>
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>002x</b>	

22. I hereby certify that I attended the deceased from **2-5**, 1953, to **2-10**, 1953, that I last saw the deceased alive on **2-10**, 1953, and that death occurred at **7:21 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>D. Alan Harris M.D.</b>		23b. ADDRESS <b>2601 N Whittier St</b>		23c. DATE SIGNED <b>2-11-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>2-14-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>O'Fallon Cem.</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>					

DATE REC'D BY LOCAL REG. <b>FEB 14 1953</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>A. F. Burdick 3506 Franklin</b>	
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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

*John J. Yandell*

Licensed Embalmer No. 42403

P. O. Address W. State St.

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.