

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16368

State File No. ....

FILED MAY 14 1953

318

1003

Registrar's No. 4329

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. ....	
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. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>2229</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G Phillips Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>22 2101 a Walnut</b> <b>0</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Lula</b>		b. (Middle) <b>B.</b>		c. (Last) <b>White</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 26 1953</b>	
5. SEX <b>Female</b> <b>3</b>	6. COLOR OR RACE <b>Colored</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b> <b>0</b>		8. DATE OF BIRTH <b>April 8, 1919</b>		9. AGE (In years last birthday) <b>34</b> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Illinois</b>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>George White</b>		13b. MOTHER'S MAIDEN NAME <b>Lula Jones</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>			
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 <b>Lula White</b>		ADDRESS <b>2101a Walnut St.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Brain Tumor</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Undetermined</b>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>					INTERVAL BETWEEN ONSET AND DEATH <b>Undet.</b>
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>237x</b>			
22. I hereby certify that I attended the deceased from <b>4-10</b> , 19 <b>53</b> , to <b>4-26</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>4-26</b> , 19 <b>53</b> and that death occurred at <b>9:20a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Edna E. Brooks M. D.</b> (Degree or title)			23b. ADDRESS <b>2601 N Whittier St</b>			23c. DATE SIGNED <b>4-27-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>April 30 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Alton City Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Alton Ill.</b>	
DATE REC'D BY LOCAL REG. <b>APR 27 1953</b>		REGISTRAR'S SIGNATURE <b>J. C. Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Joel Russell Und. Co.</b>		ADDRESS <b>Alton Ill.</b>	

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

No duplicate

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**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 Joel Russell

Licensed Embalmer No. 4112

P. O. Address \_\_\_\_\_

**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.