

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44132

FILED JAN 12 1954

State File No.

11944

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

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood 4113	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bernard Nursing Home		d. STREET ADDRESS (If rural, give location) 562 North Woodlawn Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) Lillie b. (Middle) Louisa c. (Last) Coddington	4. DATE OF DEATH (Month) (Day) (Year) Dec. 17 1953
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH Dec. 15, 1864	9. AGE (In years last birthday) 89 IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 18 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) Cronelet, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME James Tompkins	13b. MOTHER'S MAIDEN NAME Marie E. Phene	14. NAME OF HUSBAND OR WIFE Eugene
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Edmund Burgard	ADDRESS 1160 N. Woodlawn Ave.
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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		INTERVAL BETWEEN ONSET AND DEATH 12 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Sclerosis DUE TO (c) Gen Arterio Sclerosis		
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 checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 331X
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22. I hereby certify that I attended the deceased from **July 18, 1950**, to **Dec 17, 1953**, that I last saw the deceased alive on **Dec 17, 1953** and that death occurred at **7 P** m., from the causes and on the date stated above.

23a. SIGNATURE Ralph Musella M.D.	(Degree or title)	23b. ADDRESS 3720 Washington	23c. DATE SIGNED 12/15/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1953 Dec. 20	24c. NAME OF CEMETERY OR CREMATORY St. Clair Memorial	24d. LOCATION (City, town, or county) (State) Lincoln Trail, Illinois
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DATE REC'D BY LOCAL REG. DEC 18 1953	REGISTRAR'S SIGNATURE J. Carl Smith	GENERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS 2525 State Street East St. Louis, Ill.
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mfb (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.

Signed.....
Student Embalmer

Not Embalmed

Signed.....

[Handwritten Signature]

Student Embalmer No.....

Licensed Embalmer No. *3162*

P. O. Address *St Louis Ill*

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.