

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 6 1954

State File No. 13460

3845

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|---|----------------------------------|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | PRIMARY REG. DIST. NO. 1003 | Registrar's No. _____ |
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. CITY OR TOWN St. Louis | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Homer Phillips | | e. STREET ADDRESS (If rural, give location) 222 1/2 2124 Clark Avenue | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Lucinda b. (Middle) c. (Last) Gillispie | | 4. DATE OF DEATH (Month) (Day) (Year) April 23, 1954 | | |
| 5. SEX Female | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow | 8. DATE OF BIRTH Feb 8, 1900 | 9. AGE (In years last birthday) 54 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic | | 10b. KIND OF BUSINESS OR INDUSTRY unemployed | | 11. BIRTHPLACE (City and State or Foreign Country) / Arkansas |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | | |
| 13a. FATHER'S NAME Johnny Baker | | 13b. MOTHER'S MAIDEN NAME unknown | | 14. NAME OF HUSBAND OR WIFE - - - |
| 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 ADDRESS Lizzie Washington - 2923 Clark 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Pulmonary Embolism; Pulmonary Congestion; Fractured Right Femur suffered on operating table while undergoing operation for fractured hip joint | | INTERVAL BETWEEN ONSET AND DEATH |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. City Hall # 2, about 305 feet April 23 1954, following fall | | DUPLICATE (b) operating table while undergoing operation for fractured hip joint | | |
| 19a. DATE OF OPERATION Apr 13 1954 | | 19b. MAJOR FINDINGS OF OPERATION same about 2 pm after Accident | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 21a. PLACE OF INJURY (Specify) Accident | | 21b. PLACE OF INJURY (e.g., in or about home, farm, shop, street, office bldg., etc.) Shop | | 21c. CITY, TOWN OR TOWNSHIP (COUNTY) (STATE) St Louis Mo E 90 4.0 |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Apr 23 54 3:05 p.m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR 21 |
| 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 305 p.m. , from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE James M Kelly Deputy Coroner | | 23b. ADDRESS 1300 Clark | | 23c. DATE SIGNED 4/26/54 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 4/30/54 | | 24c. NAME OF CEMETERY OR CREMATORY Washington Park |
| 24d. LOCATION (City, town, or county) (State) St. Louis County Mo. | | | | |
| DATE REC'D BY LOCAL REG. APR 28 1954 | | REGISTRAR'S SIGNATURE Carl Smith MO | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Atkins Bros. 3644 Finney Ave. |

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *John K Cunningham*.....

Licensed Embalmer No. *4476*

P. O. Address *4700 Hamm*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.