

STANDARD CERTIFICATE OF DEATH

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

|  |  |  |  |  |  |   |  |
|--|--|--|--|--|--|---|--|
| BIRTH NO. _____  |  | REG. DIST. NO. _____   |  | PRIMARY REG. DIST. NO. _____   |  | State File No. _____  |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u><br>b. COUNTY _____ |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>St. Louis</u>   |  | c. LENGTH OF STAY (in this place) _____  |  | c. CITY OR TOWN <u>St. Louis</u>   |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>2701a Franklin Ave.</u>  |  |  |  | e. STREET ADDRESS (If rural, give location)<br><u>2701a Franklin Ave.</u>  |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print) <u>LULA</u>   |  | a. (First)   |  | b. (Middle)  |  | c. (Last) <u>DAVIS</u>  |  |
| 5. SEX <u>Female</u>   |  | 6. COLOR OR RACE <u>Negro</u>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married Widowed</u>  |  | 8. DATE OF BIRTH <u>Aug. 1, 1896</u>  |  |
| 9. AGE (In years last birthday) <u>59</u>  |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>  |  | 9. AGE (In years last birthday) <u>59</u>   |  |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>Hinds County, Mississippi</u>  |  | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>   |  | 13a. FATHER'S NAME <u>Howard Canbell</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>Alace Canbell</u>  |  |
| 14. NAME OF HUSBAND OR WIFE <u>James Paves</u>   |  | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) _____   |  | 16. SOCIAL SECURITY NO. _____  |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Mayetta A. Abov</u> ADDRESS <u>above</u>   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Aneurysm</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |  | INTERVAL BETWEEN ONSET AND DEATH <u>1-2-56</u>  |  |
| 19a. DATE OF OPERATION _____   |  | 19b. MAJOR FINDINGS OF OPERATION _____   |  |  |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____   |  |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 21f. HOW DID INJURY OCCUR? _____   |  |  |  |   |  |
| 22. I hereby certify that I attended the deceased from <u>1-9</u> , 19 <u>56</u> , to <u>1/10</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>1/10</u> , 19 <u>56</u> , and that death occurred at <u>24</u> m., from the causes and on the date stated above. |  |  |  |  |  |   |  |
| 23a. SIGNATURE <u>James T. Aldrich M.D.</u> (Degree or title)  |  |  |  | 23b. ADDRESS <u>2625 Glasgow Ave.</u>  |  | 23c. DATE SIGNED <u>1-12-56</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>   |  | 24b. DATE <u>1-17-56</u>   |  | 24c. NAME OF CEMETERY OR CREMATOR <u>Oakdale Cemetery</u>  |  | 24d. LOCATION (City, town, or county) (State) <u>Lemay, Missouri</u>  |  |
| DATE REC'D BY LOCAL REG. <u>JAN 17 1956</u>  |  | REGISTRAR'S SIGNATURE <u>Carl Smith</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. A. D. Richardson</u> ADDRESS <u>2625 Glasgow Ave.</u>   |  |   |  |

**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 *AD Eric Anderson*

Licensed Embalmer No. *2928*

P. O. Address *2625 Glasgow*

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.