

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22330

State File No.

FILED JUL 2 1956

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 347 Registrar's No. 1496

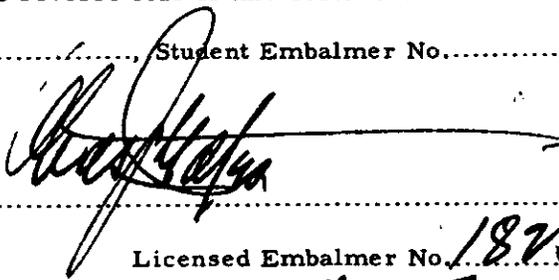
1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give R.O.C. and city or town) Richmond Heights		c. LENGTH OF STAY (In this place) 10 years	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8113 Hicks Ave.		e. STREET ADDRESS (If rural, give location) 8113 Hicks Ave.	
3. NAME OF DECEASED (Type or Print) Lillie Hitchens		4. DATE OF DEATH (Month) (Day) (Year) 6-17-56	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 11-5-1900
9. AGE (In years last birthday) 55		10. IF UNDER 1 YEAR (Month) (Day) (Hour) (Min.) 8 12	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY -At-home-	
11. BIRTHPLACE (City and State or Foreign Country) Kentwood, La.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Dan Bentley		13b. MOTHER'S MAIDEN NAME Surfronia Thomas	
14. NAME OF HUSBAND OR WIFE Charlie Hitchens		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. 496-28-6139		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charlie Hitchens 8113 Hicks 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach INTERVAL BETWEEN ONSET AND DEATH 6 Mos. ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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"/>		151X	
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 Jan 1956 , to Jan 1956 , that I last saw the deceased alive on June 17 1956 , and that death occurred at 6:30 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE Chas. J. Gates (Degree or title)		23b. ADDRESS 243 E. Kirkham	
23c. DATE SIGNED 6-19-56		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE 6-22-56		24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chas. J. Gates 4107 Finney	
DATE REC'D BY LOCAL REG. 6-19-56		REGISTRAR'S SIGNATURE Hebert K. Nornberg	

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

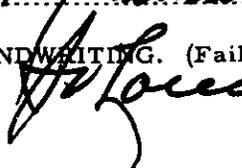
STATEMENT BY LICENSED EMBALMER

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


Licensed Embalmer No. 1879

P. O. Address 407 Finney


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.