Health, Welfare Public Service

300
1-56

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 28776 7137

FILED SEP 6 1956

64858-56 Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CARDINAL GLENNON — Length of stay in Ib

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo
b. COUNTY
c. CITY OR TOWN ST LOUIS — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS 4142 Lee Av (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First LAURIE Middle CAROLYN Last LYMAN
4. DATE OF DEATH Month JULY Day 31 Year 1956
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐ — NEVER MAR
8. DATE OF BIRTH 7-23-56
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days 8 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE
10b. KIND OF BUSINESS OR INDUSTRY NONE
11. BIRTHPLACE (City and state or country) ST LOUIS Mo
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME WALTER LYMAN
14. MOTHER'S MAIDEN NAME WILMA LESLEY
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. NONE
17. INFORMANT WALTER LYMAN Address 4142 LEE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] Pulmonary congestion — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary Congestion
Cardiomegaly
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cardiomegaly — 5 days
Congenital heart disease
DUE TO (c) Congenital Heart Disease

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
NONE 754.4

19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) NONE
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 7-28-56 7-31-56
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 28, 1956 to July 31, 1956 and last saw her him alive on July 31, 1956 7-31-56
Death occurred at 10 A.M. 10 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE David B Witt (Degree or title) M.D.
22b. ADDRESS 10424 Manchester Kirkwood Mo
22c. DATE SIGNED 8-1-56

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 8-2-56
23c. NAME OF CEMETERY OR CREMATORY CALVARY CEM
23d. LOCATION (City, town, or county) ST LOUIS (State) Mo

24. FUNERAL DIRECTOR Sudmeyer & Sons ADDRESS 3934 N 20th
25. DATE RECD. BY LOCAL REG. AUG 2 1956
26. REGISTRAR'S SIGNATURE J Earl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Gustav W. Dieter

Licensed Embalmer No. 43

P. O. Address St. Tam

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (I
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.