

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32210**
8044

BIRTH NO. **104 803-56** 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	
c. LENGTH OF STAY (in this place) _____		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 G. Phillips		e. STREET ADDRESS (If rural, give location) 4450 Aldine	

3. NAME OF DECEASED (Type or Print) a. (First) Hannah b. (Middle) Lee c. (Last) Lofton			4. DATE OF DEATH (Month) (Day) (Year) 8 22 56		
5. SEX Fem. 3		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0	
8. DATE OF BIRTH 8-21-56		9. AGE (In years last birthday) _____		10. IF UNDER 1 YEAR Days _____	
11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____	
10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) 0		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Columbus Lofton		13b. MOTHER'S MAIDEN NAME Savannah Watts		14. NAME OF HUSBAND OR WIFE _____	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mary E. Jett, R.R. 2, 2601N. Whittier	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Premature birth, neonatal death		INTERVAL BETWEEN ONSET AND DEATH _____	
II. ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (b) _____		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		_____		_____	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 773.5		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) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		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 **8-21-56**, 19**56**, to **8-22-**, 19**56**, that I last saw the deceased alive on **8-22-**, 19**56**, and that death occurred at **5:00p** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) William H. Suckler, M. D.		23b. ADDRESS 2601N. Whittier		23c. DATE SIGNED 8-24-56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE AUG 31 1956		24c. NAME OF CEMETERY OR CREMATORY Anatomical Board	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		24e. NAME OF MORTUARY SERVICE Rowland Akers Mortuary Service		24f. ADDRESS 4104 Manchester Ave. St. Louis 19, Mo.	

DATE REC'D BY LOCAL REG. AUG 31 1956		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		ADDRESS _____	
(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.....

Licensed Embalmer No.....

P. O. Address

**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.**