Health, Welfare Public Service

300 1-56

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

FILED NOV 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35813
STATE FILE NUMBER 8906

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8906

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, give TOWNSHIP only) OR TOWN St. Louis, Mo. Inside Limits Yes ☐ No ☐	c. CITY OR TOWN St. Louis Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) BARNES HOSPITAL Length of stay in 1b 2	d. STREET ADDRESS (If outside, give location) 1337 A. Bayard Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)	First: Dorothy	Middle: Ercyle	Last: Lenard	4. DATE OF DEATH Month Day Year: Sept. 23, 1956
5. SEX: Female 3	6. COLOR OR RACE: Negro	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH: 3/18/1932	9. AGE (In years last birthday): 24 — IF UNDER 1 YEAR: Months 6, Days 5 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher	10b. KIND OF BUSINESS OR INDUSTRY: Board of Education	11. BIRTHPLACE (City and state or country): Carrolton, Mississippi	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME: George Crockett		14. MOTHER'S MAIDEN NAME: Luevenia		
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.: 494-30-0968	17. INFORMANT: Henry Leonard	Address: 1337 A. Bayard	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Uremia	4 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Lupus Nephritis	4 mos.
DUE TO (c)	Lupus erythemalosus disseminatus	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	456X	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.)

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.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Aug. 11, 1956, to Sept. 23, 1956 and last saw her/him alive on Sept. 23, 195
Death occurred at 3:50 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C. O. Vermillion, M.D. M. D.	22b. ADDRESS: BARNES HOSPITAL	22c. DATE SIGNED: 9/24/56

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: 9/29/56	23c. NAME OF CEMETERY OR CREMATORY: Washington Park	23d. LOCATION (City, town, or county) (State): Berkley, Missouri
24. FUNERAL DIRECTOR: E. B. Hoover	ADDRESS: 1221 N. Grand	25. DATE RECD. BY LOCAL REG.: SEP 27 1956	26. REGISTRAR'S SIGNATURE: J. Earl Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 Lawrence C. Loomis

Licensed Embalmer No. 47

P. O. Address 124 No

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