

FILED JUN 26 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH'57 0 2 2 8 6 1  
STATE FILE NUMBER

5599

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

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <del>COUNTY</del> - <b>ST LOUIS</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY                                 |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST LOUIS CITY HOSP. #1</b>   |  | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | c. CITY OR TOWN <b>St. Louis</b>  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION<br><b>25</b>  |  | Length of stay in lb<br><b>8 days</b>   | d. STREET ADDRESS (If outside, give location)<br><b>239</b> <b>2737 Queen Ave.</b>                |
| 3. NAME OF DECEASED (Type or print)<br>First <b>LILLIE</b> Middle <b>MAE</b> Last <b>SAUNDERS</b>   |  | 4. DATE OF DEATH<br>Month <b>6</b> - Day <b>13</b> - Year <b>57</b>   |   |
| 5. SEX <b>F</b>   | 6. COLOR OR RACE <b>W</b>  | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/> | 8. DATE OF BIRTH<br><b>Sept. 4, 1884</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>housewife</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY   | 9. AGE (In years last birthday) <b>72</b>   |
| 11. BIRTHPLACE (City and state or country)<br><b>Hannibal, Missouri</b>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |   |
| 13. FATHER'S NAME<br><b>William Thomas Lunsford</b>   |  | 14. MOTHER'S MAIDEN NAME<br><b>Annie King</b>   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b>  |  | 16. SOCIAL SECURITY NO.<br><b>524-14-0025A</b>  |   |
| 17. INFORMANT<br><b>Wm. T. Lunsford, Jr.,</b>   |  | Address <b>Harrisburg, PA</b><br><b>3720 Brisban St.,</b>   |   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Boncho pneumonia</b>  |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 day</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b)<br>DUE TO (c)  |  |   |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)<br><b>Malignancy of Stomach, Cerebral Thrombosis</b>   |  |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) |   |   |
| 20c. TIME OF INJURY<br>Hour _____<br>a. m. _____<br>p. m. _____   | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)    |   |   |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  | 20f. CITY, TOWN, OR LOCATION COUNTY STATE  |   |   |
| 21. I attended the deceased from <b>6-5-57</b> to <b>6-13-57</b> and last saw <sup>her</sup> him alive on <b>6-13-57</b><br>Death occurred at <b>9:05</b> <b>P</b> m on the date stated above; and to the best of my knowledge, from the causes stated. |  |   |   |
| 22a. SIGNATURE (Degree or title)<br><b>Edwin H. Hancock</b>   |  | 22b. ADDRESS<br><b>1515 LAFAYETTE</b>   |   |
| 22c. DATE SIGNED<br><b>6-14-57</b>  |  |   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>removal</b>   | 23b. DATE<br><b>6/17/57</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Valhalla Cemetery</b>  | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis County, Mo.</b>                     |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>Alexander &amp; Sons, 6175 Delmar Blvd.</b>  |  | 25. DATE RECD. BY LOCAL REG.<br><b>JUN-17 '57</b>   | 26. REGISTRAR'S SIGNATURE<br><b>J. Carl Smith</b><br><b>S.P.</b>                                  |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by ..... Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Joseph E. McCulloch*

Licensed Embalmer No. *2*

P. O. Address *61752*

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.