

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-030817

STATE FILE NUMBER

FILED AUG 28 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7866

S. 300
v. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

| | | | |
|---|-------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS, MISSOURI</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>St. Louis</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u> Length of stay in lb <u>2 wks</u> | | d. STREET ADDRESS (If outside, give location) <u>1321 N. Elliott St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>LUCILLE</u> Middle <u>NMN</u> Last <u>NORTH</u> | | 4. DATE OF DEATH Month <u>AUGUST</u> Day <u>10</u> Year <u>1958</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Aug. 15, 1915</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | 9. AGE (In years last birthday) <u>42</u> IF UNDER 1 YEAR Months <u>11</u> Days <u>25</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u> |
| 11a. BIRTHPLACE (City and state or country) <u>Sunflower, Miss.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Horace Pratt</u> | | 13b. MOTHER'S MAIDEN NAME <u>Missouri Richardson</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Thomas J. North</u> | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | |
| 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT <u>Thomas J. North</u> Address <u>1321 N. Elliott St.</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>GENERALIZED PERITONITIS</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 WEEKS</u> |
| DUE TO (b) <u>RUPTURED APPENDICEAL ABSCESS</u> | | | <u>2 WEEKS</u> |
| DUE TO (c) <u>550.1</u> | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>PERFORATED BLEEDING DUODENAL ULCER 3-4 DAYS; MALIGNANT HYPERTENSION</u> | | | 19. WAS AUTOPSY PERFORMED? 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 Hour <u></u> Month <u></u> Day <u></u> Year <u></u> a.m. <u></u> p.m. <u></u> | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK <input type="checkbox"/> AT WORK <input type="checkbox"/> | | 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 <u>JULY 29, 1958</u> to <u>AUG. 10, 1958</u> and last saw her alive on <u>AUG. 10, 1958</u> Death occurred at <u>5:00 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>C. D. Vermillion, M.D.</u> (Degree or title) M. D. | | 22b. ADDRESS <u>BARNES HOSPITAL</u> | |
| 22c. DATE SIGNED <u>8/12/58</u> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>Aug/15, 58</u> | |
| 23c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>St. Louis (Jeff. Baracks)</u> | |
| 24. FUNERAL DIRECTOR <u>P. Watkins Funeral Home</u> ADDRESS <u>2700 Thomas</u> | | 25. DATE RECD. BY LOCAL REG. <u>AUG 13 '58</u> | |
| 26. REGISTRAR'S SIGNATURE <u>J. Carl Smith</u> Mo. | | | |

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 *Leroy U. Farris*

Licensed Embalmer No. *4523*
P. O. Address *4251 Wash*

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.