

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014854

STATE FILE NUMBER
2834

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

300
-57

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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 **1413 N. Vandeventer** Length of stay in 1b _____
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 (If outside, give location) **1413 N. Vandeventer** Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH
Lulu Belle Dancey **March 17, 1959**

5. SEX **Female** 6. COLOR OR RACE **Negro** 7. MARRIED NEVER MARRIED
WIDOWED DIVORCED 8. DATE OF BIRTH **May 7, 1901** 9. AGE (In years last birthday) **57** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **none** 11. BIRTHPLACE (City and state or country) **Memphis, Tennessee** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Simmie Beasley** 13b. MOTHER'S MAIDEN NAME **Mamie Bush** 14. NAME OF HUSBAND OR WIFE **Fred Dancey**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no** 16. SOCIAL SECURITY NO. **none** 17. INFORMANT **Fred Dancey** Address **1413 N. Vandeventer Ave.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Cerebral Hemorrhage** INTERVAL BETWEEN ONSET AND DEATH _____
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____
DUE TO (c) **331X**
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____

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 _____ Month, Day, Year _____
a.m. _____ p.m. _____

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 _____ and last saw her alive on _____
Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree required) **[Signature]** 22b. ADDRESS **1300 Clark** 22c. DATE SIGNED **3/18/59**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **3-23-59** 23c. NAME OF CEMETERY OR CREMATORY **Washington Park Cemetery** 23d. LOCATION (City, town, or county) (State) **Berkeley Mo**

24. FUNERAL DIRECTOR **Atkins Bros.** ADDRESS **3644 Finney Ave.** 25. DATE RECD. BY LOCAL REG. **MAR 20 '59** 26. REGISTRAR'S SIGNATURE **[Signature]**

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *John K. Cunningham*
Licensed Embalmer No. *4476*

P. O. Address *4700 Hammett P.*

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.