

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-030953

FILED VS AUG 26 1959 317

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2252 STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY St. Louis County		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton Length of stay in 1b 7 Dya		c. CITY OR TOWN Kirkwood Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Co. Hospital Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 250 Handy St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First TYLER Middle LITTLES Last LITTLES	4. DATE OF DEATH Month AUG. Day 17 Year 1959
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5. SEX Male	6. COLOR OR RACE Col	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Oct. 15, 1959	9. AGE (last birthday) 58	IF UNDER 1 YEAR Months 10 Days 2	IF UNDER 24 HR Hours 2 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Texas	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Squire Littles	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Lucy Littles
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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. 430-03918	17. INFORMANT Lucy Littles Address 250 Handy St
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Compression of Trachea & Aortic		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Carcinoma of Thyroid & Metastases	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour 8 Minute 10 p.m. Month 8 Day 10 Year 1959

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 Clayton, Mo. COUNTY Clayton STATE Mo.
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21. I attended the deceased from 8-10-1959 to 8-17-1959 and last saw her alive on 8-17-1959 Death occurred at 8:55 p m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE Hilary J. Johns MD (Degree or title)	22b. ADDRESS 601 S. Brentwood, Clayton, Mo.	22c. DATE SIGNED
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug. 22 1959	23c. NAME OF CEMETERY OR CREMATORY Father Dickson Cem/	23d. LOCATION (City, town, or county) (State) Clayton Mo.
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24. FUNERAL DIRECTOR John W. Hemphill ADDRESS 408 S. Fillmore Kirkwood 22. Mo.	25. DATE RECD. BY LOCAL REG. 8-20-59	26. REGISTRAR'S SIGNATURE John C. Murphy MD
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed F. A. Heenan

Licensed Embalmer No. 2963

P. O. Address 4214 Helms

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.