URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS DEC 11 1959

59-042181
STATE FILE NUMBER

211145

MENDED

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

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 — Length of stay in Ib	c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1106 Armstrong — Inside Limits Yes ☐ No ☐	d. STREET ADDRESS (If outside, give location) 1106 Armstrong Ave. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Lillie	Middle	Last: McBride		4. DATE OF DEATH Month: Nov.	Day: 28,	Year: 1959	
5. SEX: Female	6. COLOR OR RACE: Negro	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH: 11/20/68	9. AGE (last birthday): 91	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HR: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed		10b. KIND OF BUSINESS OR INDUSTRY: None		11. BIRTHPLACE (City and state or country): Memphis, Tennessee		12. CITIZEN OF WHAT COUNTRY: U. S. A.	
13a. FATHER'S NAME: Unknown		13b. MOTHER'S MAIDEN NAME: Unknwon		14. NAME OF HUSBAND OR WIFE: Unknown			
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.: None		17. INFORMANT: Louise Giles		Address: 1106 Armstrong Avenue	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cardiac Renal Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) 442x

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. ☐ Yes ☒ No ☐ Unknown

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 May 1, 1959 to Nov 28, 1959 and last saw her/him alive on Nov 23, 59

Death occurred at 5 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. Louis Schuchat (Degree or title) M.D. W. Louis Schuchat MD	22b. ADDRESS 3866 Flora Place 3866 Flora Place	22c. DATE SIGNED 12-1-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: 12/3/59	23c. NAME OF CEMETERY OR CREMATORY: Washington Park	23d. LOCATION (City, town, or county) (State): Berkereley, Missouri
24. FUNERAL DIRECTOR: E. B. Koonce	ADDRESS: 1221 N. Grand Blvd.	25. DATE RECD. BY LOCAL REG.: DEC 1 1959	26. REGISTRAR'S SIGNATURE: Earl Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Milton Blankhurst

Licensed Embalmer No. 3962

P. O. Address 1221 N Sam

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