

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9227**

FILED OCT 13 1961

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS | | c. CITY OR TOWN ST. LOUIS | |
| Length of stay in 1b | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CITY HOSPITAL | | d. STREET ADDRESS (If outside, give location) 7347 YATES | |
| Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First LILLIE Middle C Last FORD | 4. DATE OF DEATH Month OCT Day 4 Year 1961 |
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| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> | 8. DATE OF BIRTH MARCH 16, 1894 | 9. AGE (last birthday) 67 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK | 10b. KIND OF BUSINESS OR INDUSTRY AT HOME | 11. BIRTHPLACE (City and state or country) ILLINOIS | 12. CITIZEN OF WHAT COUNTRY U-S-A |
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| 13a. FATHER'S NAME SAMUEL HALE | 13b. MOTHER'S MAIDEN NAME ADDIE HALEY | 14. NAME OF HUSBAND OR WIFE |
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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. NONE | 17. INFORMANT GEORGE FORD JR. Address 7347 YATES |
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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: | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) ① Malignant Hypertension - myocardial infarction | DUE TO (b) ② severe granular arteriosclerosis | 3 months |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (c) ③ atherosclerosis 441x | 5 yrs |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | 10 yrs |

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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 a.m. p.m. | Month, Day, Year | 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 | COUNTY | STATE |
|---------------------------------------|------------------|--|--|------------------------------|--------|-------|

21. I attended the deceased from **5-1-50** to **10-4-61** and last saw her ^{him} alive on **10-1-61**.
 Death occurred at **445 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE John Blatner (Degree or title) | 22b. ADDRESS 3258 Lafayette | 22c. DATE SIGNED 10-6-61 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | 23b. DATE OCT. 7 1961 | 23c. NAME OF CEMETERY OR CREMATORY SUNSET BURIAL PARK | 23d. LOCATION (City, town, or county) (State) ST. LOUIS CO. MO. |
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| 25. DATE RECD. BY LOCAL REG. OCT 6 1961 | 26. REGISTRAR'S SIGNATURE Donald Smith, M.D. |
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| 24. FUNERAL DIRECTOR Thomas Kutis 2906 Gravois ADDRESS | 25. DATE RECD. BY LOCAL REG. OCT 6 1961 | 26. REGISTRAR'S SIGNATURE Donald Smith, M.D. |
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AMENDED
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

9:12 AM - 5:17 PM
of the

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 Walter A. Sharp
Licensed Embalmer No. 4864
P. O. Address Clayton 5, Mo

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.