

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37285

State File No. _____

FILED OCT 30 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10041**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (In this place)	b. COUNTY Missouri
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or Print) LILLIE		e. STREET ADDRESS 24 3351a Missouri	(If rural, give location)
a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) OCTOBER 19, 1953
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 11, 1876
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	9. AGE (In years last birthday) 76 If UNDER 1 YEAR: Months _____ Days _____ If UNDER 4 HRS.: Hours _____ Min. _____
11. BIRTHPLACE (City and State or Foreign Country) Roselle, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James Vance		13b. MOTHER'S MAIDEN NAME Margaret Gardner	14. NAME OF HUSBAND OR WIFE J.D. Huff, Deceased
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'S SIGNATURE OR NAME Edgar Wann, 3516a Nebraska, St. Louis, Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral embolus		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) auricular fibrillation DUE TO (c) Arteriosclerotic + Rheumatic heart disease	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 4200			
22. I hereby certify that I attended the deceased from 10-12-53 , 19____, to 10-19-53 , 19____, that I last saw the deceased alive on 10-19-53 , 19____, and that death occurred at 8:20P m., from the causes and on the date stated above.			
23a. SIGNATURE James B. Shachan Jr. M.D.		23b. ADDRESS 1515 Lafayette Avenue	
23c. DATE SIGNED 10-20-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Oct. 22, 1953	
24c. NAME OF CEMETERY OR CREMATORY Doe Run, Missouri		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. OCT 21 1953		REGISTRAR'S SIGNATURE J. Carl Smith Jr.	
25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin Funeral Home Inc.		ADDRESS 2301 Lafayette, St. Louis, Missouri.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *James R. Chapman*.....
Licensed Embalmer No. *455*.....
P. O. Address *St. Louis*.....

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.