

REC'D JAN 11 1939

## MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH791  
100840864  
Do not use this space.

10556

## 1. PLACE OF DEATH

(a) County .....  
 (b) Township .....  
 (c) City St Louis (d) Street No. Homer G. Philip Hospital St.  
 (e) Length of residence in city or town where death occurred 15 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lithia Black

(a) Residence, No. 2817 Clark St. 22 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harrison Black

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
About 42 Maid

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss13. NAME Walter Harington14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss15. MAIDEN NAME Mary Lipsy16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss17. INFORMANT Ruby Smart  
(ADDRESS) Minter City Miss18. BURIAL, CREMATION, OR REMOVAL  
PLACE Buriant miss DATE Dec 7 193819. FUNERAL DIRECTOR J.W. Hughes  
(ADDRESS) 2620 Lawton20. FILED DEC 7 1938 J.D. Breder  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

No attending physician  
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 2nd 19 38

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 4.00 AM

The principal cause of death and related causes of importance were as follows:

Cardio Renal Disease;  
Chronic Interstitial Nephritis with  
Cardiac Hypertrophy.

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury See above

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....  
 (Signed) [Signature] M. D.  
 (Address) [Signature]

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

*Lyda Hughes*

Licensed Embalmer No. *2938*

**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.)**