

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37296
Registrar's No. 9569

Registration District No. 791

Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town St Louis
(c) Name of hospital or institution: Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
In this community 46 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Lula Bolden Todd
8. (b) If veteran, name war No
8. (c) Social Security No. None

4. Sex Female 5. Color or race Col.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alonzo Todd
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased Nov, 5 1893
(Month) (Day) (Year)

8. AGE: Years 47 Months 0 Days 13
If less than one day hr. _____ min. _____

9. Birthplace Lousinia Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Domestic

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Alonzo Todd
(b) Address 1231 N 8th St

17. (a) Burial (b) Date thereof 11-25-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Pk Cem.

18. (a) Signature of funeral director Callis Funeral Home
(b) Address 2820 Stoddard St

19. (a) NOV 22 1940 (b) J. Braddock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1231 North 8th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 18
year 1940 hour 8:20 minute A. M.

21. I hereby certify that I attended the deceased from November 16, 1940 to November 18, 1940;
that I last saw her alive on November 18, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia
Due to _____
Due to _____
Other conditions (Include pregnancy within 8 months of death) _____
Major findings: Of operations _____
Of autopsy As above
Duration 4 wks
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature C. Allen (M. D. or other) _____
Address 2601 N Whittier Date signed _____

WALKER PUBLISHING CO. - CHICAGO, ILL. - MAKE A PERMANENT RECORD

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.

FILED DEC 11 1940

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

....., Registered Apprentice No. *L. Boyd*

.....
working under my personal supervision.

Signed *L. Boyd*

Licensed Embalmer No. *294*

P. O. Address *St. Louis, 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 this body is not embalmed, above space should be left blank.