

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25630

State File No.

FILED AUG 2 1949

BIRTH NO. _____ REG. DIST. NO. 917 PRIMARY REG. DIST. NO. 3063 Registrar's No. 1687

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|--|--|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____ | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Koch (Rural)</u> | | c. LENGTH OF STAY (in this place) <u>126 days</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Robert Koch Hospital</u> | | | d. STREET ADDRESS (If rural, give location) <u>4368a Page</u> | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Lucy</u> b. (Middle) <u>Marie</u> c. (Last) <u>Douglas</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 4th, 1949</u> | | |
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| 5. SEX <u>Fem</u> | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | 8. DATE OF BIRTH <u>11-6-21</u> | 9. AGE (In years last birthday) <u>21</u> | IF UNDER 1 YEAR Months <u>7</u> Days <u>29</u> | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> |
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|---|--|---|--|--|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Waitress</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) <u>Tulsa, Oklahoma</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
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| 13a. FATHER'S NAME <u>Will Douglas</u> | | 13b. MOTHER'S MAIDEN NAME <u>Josephine Roberts</u> | | 14. NAME OF HUSBAND OR WIFE <u>None</u> | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>???</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records Koch Hospital</u> ADDRESS _____ | | | |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 years?</u> | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u> | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | <u>DOX</u> | |

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|------------------------------|--|--|--|--|---|--|
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
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|--|--|--|--|---|--|
| 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) _____ | |
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|--|--|--|--|----------------------------------|--|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m. _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? _____ | |
|--|--|--|--|----------------------------------|--|

22. I hereby certify that I attended the deceased from 3-7, 1949, to 7-4, 1949, that I last saw the deceased alive on 7-4, 1949, and that death occurred at 11:25 Am., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Harold L. Russell, M.D.</u> (Degree or title) | | 23b. ADDRESS <u>Robert Koch Hospital</u> | | 23c. DATE SIGNED <u>7-4-49</u> | |
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|--|-----------------|--|---|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>For anatomical purposes</u> | 24b. DATE _____ | 24c. NAME OF CEMETERY OR CREMATORY _____ | 24d. LOCATION (City, town, or county) _____ (State) _____ | | |
|--|-----------------|--|---|--|--|

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|---|---|--|--|
| DATE REC'D BY LOCAL REG. <u>7-18-49</u> | REGISTRAR'S SIGNATURE <u>Richard H. ...</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mortuary Service</u> ADDRESS <u>4104 Manchester Ave.</u> | |
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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.

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.