

FILED OCT 7 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31716

318

1003

State File No. ....

Registrar's No. .... 8117

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. ....	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MS.</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) <u>St Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>		n	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>20 2516 Glasgow</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gertrude</u>		b. (Middle) <u>(Butler)</u>		c. (Last) <u>Douglass</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 17 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Cal</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>May 19 - 1862</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>House wife</u>		11. BIRTHPLACE (State or foreign country) <u>St Louis MO</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Not known</u>			13b. MOTHER'S MAIDEN NAME <u>Alice Johnson</u>		14. NAME OF HUSBAND OR WIFE <u>Clarae Dougher</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Cherene Douglas</u> ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Congestion</u>  ANTECEDENT CAUSES DUE TO (b) <u>Auricular Fibrillation</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>  DUE TO (c) <u>Below the Knee Amputation</u> 11. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>Gangrene of right Foot with</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>          <u>Undet.</u>	
19a. DATE OF OPERATION <u>9-14-49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Gangrene of right foot</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) <u>St Louis</u> (STATE) <u>MO</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4331</u>					
22. I hereby certify that I attended the deceased from <u>6-28</u> , 19 <u>49</u> , to <u>9-17</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>9-17</u> , 19 <u>49</u> , and that death occurred at <u>11 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Montague Lawrence M.D.</u>				23b. ADDRESS <u>2601 N Whittier St</u>		23c. DATE SIGNED <u>9-19-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-25-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>		24d. LOCATION (City, town, or county) (State) <u>Cotully</u>	
DATE RECD. BY LOCAL REG. <u>SEP 20 1949</u>		REGISTRAR'S SIGNATURE <u>J B Lasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A P Richards</u>		ADDRESS <u>2625 Glasgow</u>	

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

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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 .....  
Student Embalmer

Signed *A.P. Richardson*.....

Licensed Embalmer No. *2928*.....

P. O. Address *2625 Glasgow*.....

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.