

FILED AUG 10 1950 STANDARD CERTIFICATE OF DEATH

State File No. **25186**
Registrar's No. **6460**

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

1186
3

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

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6460	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town or town St. Louis		c. LENGTH OF STAY (in this place) 4 yrs		c. CITY (If outside corporate limits, write RURAL and give township) 23 OR TOWN St. Louis		223	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital				d. STREET ADDRESS (If rural, give location) 2332 Park Ave			
3. NAME OF DECEASED (Type or Print) a. (First) THELMA		b. (Middle) BERNICE		c. (Last) QUEEN		4. DATE OF DEATH (Month) (Day) (Year) July 18 1950	
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH June 1, 1919	
9. AGE (In years last birthday) 31		10. MONTH (Day) (Year) 1 18		11. BIRTHPLACE (State or foreign country) Jefferson County		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) _____		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Joseph F. Lawson		13b. MOTHER'S MAIDEN NAME Amanda Lawson Lawson		14. NAME OF HUSBAND OR WIFE James Francis Queen			
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 ADDRESS James F. Queen 2332 Park, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Neurorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Attempted abortion DUE TO (c) Criminal abortion at the hands of party or parties unknown II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. unknown				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? 650.2			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:49 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE Joseph M. Quinn (Degree or title) _____				23b. ADDRESS 1300 Clair		23c. DATE SIGNED 7/21/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July-21-1950		24c. NAME OF CEMETERY OR CREMATORY Adams Cemetery		24d. LOCATION (City, town, or county) (State) Leadwood, Missouri	
DATE REC'D BY LOCAL REG. JUL 28 1950		REGISTRAR'S SIGNATURE J. B. Farater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sparks Flat River, Mo			

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed *Murphy L Parks*.....

Signed.....

Student Embalmer

Licensed Embalmer No *4236*.....

P. O. Address *Flat River, 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, fact should be so stated above.