

FILED JAN 31 1951

## STANDARD CERTIFICATE OF DEATH

State File No. 2405  
647

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

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 township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		d. STREET ADDRESS (If rural, give location) 316 S 23rd St	
3. NAME OF DECEASED a. (First) Lucy (Type or Print)		b. (Middle) Carter c. (Last)	
4. DATE OF DEATH 1-18 (Month) (Day) (Year)		5. SEX Female 3	
6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2	
8. DATE OF BIRTH 12-25-1874		9. AGE (In years last birthday) 76	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Arkansas		12. CITIZENRY OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE AND NAME Lizzie Bennett 316-95023rd St ADDRESS	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable Carcinoma of Stomach INTERVAL BETWEEN ONSET AND DEATH Undet. ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Generalized Arteriosclerosis Dehydration; Inanition, starvation	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? 151X		22. I hereby certify that I attended the deceased from 1-17, 1951, to 1-18, 1951, that I last saw the deceased alive on 1-18, 1951, and that death occurred at 10:30p m., from the causes and on the date stated above.	
23a. SIGNATURE Larence W. Harbo M. D.		23b. ADDRESS 2601 N Whittier St.	
23c. DATE SIGNED 1-19-51		24a. BURIAL CREMATION, REMOVAL (Specify) Burial	
24b. DATE Jan 24/51		24c. NAME OF CEMETERY OR CREMATORY Oak Dale Cem	
24d. LOCATION (City, town, or county) (State) St Louis MO		25. FUNERAL DIRECTOR'S SIGNATURE F. L. Green 4214 Delmar	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JAN 22 1951		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

*Christal E. Lewis*

working under my personal supervision.

Student Embalmer No. *408*

Signed...

*Christal E. Lewis*  
Student Embalmer

Signed

*F. G. Green*

Licensed Embalmer No. *2963*

P. O. Address

*4214 Delmar*

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.