

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2450

FILED JAN 19 1951

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1002 Registrar's No. 170

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis
 c. LENGTH OF STAY (in this place) _____
 d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri
 b. COUNTY St. Louis
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2129
 d. STREET ADDRESS (If rural, give location) 339 North Taylor 4

3. NAME OF DECEASED
 a. (First) LILY b. (Middle) MORGAN c. (Last) CUTHBERT
 4. DATE OF DEATH (Month) (Day) (Year) 1 7 51

5. SEX female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
 8. DATE OF BIRTH Oct. 6, 1856 9. AGE (In years last birthday) 94 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home 11. BIRTHPLACE (State or foreign country) Vicksburg, Mississippi 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Thomas Morgan 13b. MOTHER'S MAIDEN NAME Savilla unk 14. NAME OF HUSBAND OR WIFE Charles M. Cuthbert

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 G. Morgan Cuthbert, 7746 Bonhomme Avenue

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolus
 ANTECEDENT CAUSES DUE TO (b) fractured hip
 *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
 II. OTHER SIGNIFICANT CONDITIONS Arteriosclerosis
 Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Nov 9/51 19b. MAJOR FINDINGS OF OPERATION fractured hip - 50V
 20. AUTOPSY? YES NO
 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis 67033
 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11-9-50 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? Fell at Home

22. I hereby certify that I attended the deceased from Nov 9, 1950, to Jan 7, 1951, that I last saw the deceased alive on Jan 6, 1951, and that death occurred at 12:10 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Bernard Hubert, M.D. 23b. ADDRESS 3720 Washington 23c. DATE SIGNED Jan 8/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 1-9-51 24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis Missouri

DATE REC'D. BY LOCAL REG. JAN 8 REGISTRAR'S SIGNATURE J. B. Lassiter 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. R. Lupton & Sons - 7233 Delmar Blv'd.

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

Dr. Bernard Hulbert
3720 Washington Blv'd.,
FR-1095

9-11-10

1-1-11

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 Arnold W. Schoene.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3864.....

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, fact should be so stated above.