

No. 300
10. 48

FILED MAR 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5916
Registrar's No. 1535

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis; Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>East St. Louis - 8120</u>	
c. LENGTH OF STAY (In this place) <u>5 days</u>		d. STREET ADDRESS (If rural, give location) <u>2417 Missouri Dr.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barnes Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>Lula</u>			a. (First)			b. (Middle) <u>Brown</u>			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>9 11 51</u>				
5. SEX <u>F-3</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W.</u>		8. DATE OF BIRTH <u>Oct. 16 - 1880</u>			9. AGE (In years last birthday) <u>70</u>		10. MONTHS <u>-</u>		11. HOURS <u>-</u>		12. MIN. <u>-</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>				11. BIRTHPLACE (State or foreign country) <u>Americus - Ga</u>				12. CITIZEN OF WHAT COUNTRY? <u>yes</u>				
13a. FATHER'S NAME <u>Jim - Tyson</u>				13b. MOTHER'S MAIDEN NAME <u>Salean Napier</u>				14. NAME OF HUSBAND OR WIFE <u>Will Brown</u>								
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>-</u>				16. SOCIAL SECURITY NO. <u>-</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Hessie L. Hutchfield</u>				ADDRESS				

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION										INTERVAL BETWEEN ONSET AND DEATH <u>9 days</u>	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>										<u>332x</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u>											
		DUE TO (c) <u>Diabetes mellitus</u>											
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.													

19a. DATE OF OPERATION <u>none</u>				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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? <u>fall</u>							

22. I hereby certify that I attended the deceased from Feb. 6, 1951, to Feb 11, 1951, that I last saw the deceased alive on Feb 11, 1951, and that death occurred at 9:50 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>F.A. Bradley M.D.</u>		23b. ADDRESS <u>Barnes Hospital</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>2-15-51</u>		24c. NAME OF CEMETERY OR CREMATORY	
				24d. LOCATION (City, town, or county) (State) <u>E. St. Louis, Illinois</u>	

DATE REC'D BY LOCAL REG. <u>FEB 15 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Luster</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. A. Officer</u>		ADDRESS <u>1214 MO Ave. East St. Louis Ill.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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 Me

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Ben H. Baldwin

Licensed Embalmer No. 2420

P. O. Address East St. Louis

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.