

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10644

2927

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 <u>TENN.</u> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>1 mo.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jackson</u>		841
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4311 Cote Brillante</u>			d. STREET ADDRESS (If rural, give location) <u>Oakfield Cty.</u>		
3. NAME OF DECEASED (Type or Print) <u>Luella</u>			a. (First)	b. (Middle)	c. (Last) <u>SMITH</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>3 27 51</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>Col.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>
8. DATE OF BIRTH <u>Mar 12, 1882</u>		9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Mins. _____	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Jackson Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Henry Martin</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy March</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Margie Gellis - 4311 Cote Brillante</u>		
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer, Cervix</u>			INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES			
		DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS			
		Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input 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) (Minute)		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 <u>3. 18</u> , 19 <u>51</u> , to <u>3. 26</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>3. 27</u> , 19 <u>51</u> , and that death occurred at <u>4:05 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>W. C. Bridges</u> (Degree or title)			23b. ADDRESS <u>441 N. Derby</u>		23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3-30-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Jackson, Tenn.</u>		24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL HEALTH DEPT. & REG. <u>4/9/51</u>		REGISTRAR'S SIGNATURE <u>J. B. Larator</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. L. Beal</u> ADDRESS <u>Uncl. B. - 4302 Derby</u>	

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

2211

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 *Arthur L. Hillman*

Signed.....
Student Embalmer

Licensed Embalmer No. *4221*

P. O. Address *4740 2nd Street*

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.

12-1-11