

FILED SEP 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28229
Registrar's No. 7563

BIRTH NO.		REG. DIST. NO. 310	PRIMARY REG. DIST. NO. 1003
1. PLACE OF DEATH a. COUNTY /		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo 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 2249	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3504 ^a Indiana		e. STREET ADDRESS (If rural, give location) 3504 ^a Indiana 0	
3. NAME OF DECEASED (Type or Print) Lizzie		a. (First)	b. (Middle) Fleetwood
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 8 - 26 - 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 2-6-1874
9. AGE (In years last birthday) 77		if UNDER 1 YEAR Months	if UNDER 1 HR. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Mounds 0 Mo
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Smith	13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Henry		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Fred Fleetwood		ADDRESS 3504 ^a Indiana	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) — DUE TO (c) — II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH 4 months		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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>
21f. HOW DID INJURY OCCUR? 331X		22. I hereby certify that I attended the deceased from 8-23, 1951, to 8-26, 1951, that I last saw the deceased alive on 8-25, 1951, and that death occurred at 6:30 P. M., from the causes and on the date stated above.	
23a. SIGNATURE O. Jones		(Degree or title) M.D.	23b. ADDRESS 2010 Longfellow
23c. DATE SIGNED 8-26-51		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8-26-51
24c. NAME OF CEMETERY OR CREMATORY Sikeston		24d. LOCATION (City, town, or county) (State) Mo	
DATE REC'D BY LOCAL AUG 27 1951		REGISTRAR'S SIGNATURE J. Earl Smith	
25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service Inc.		ADDRESS St. Louis 10 Mo	

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

7563

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 _____

John Ketter

Signed.....

Student Embalmer

Licensed Embalmer No. 3880

P. O. Address St Louis 10 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.