No. 300
10.48

FILED JAN 10 1952

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 43049

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11494

**1. PLACE OF DEATH**
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place) 5 yrs

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Homer G Phillips Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY 2109
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
d. STREET ADDRESS (If rural, give location) 3005 Lambdin

**3. NAME OF DECEASED** (Type or Print)
a. (First) Andrew
b. (Middle) J
c. (Last) Ivy

**4. DATE OF DEATH** (Month) Dec. (Day) 22 (Year) 1951

**5. SEX** Male 2
**6. COLOR OR RACE** Colored
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Married 1
**8. DATE OF BIRTH** July 17, 1916
**9. AGE** (In years last birthday) 35 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Laborer
**10b. KIND OF BUSINESS OR INDUSTRY** None
**11. BIRTHPLACE** (State or foreign country) July 17, 9
**12. CITIZEN OF WHAT COUNTRY?** U S A

**13a. FATHER'S NAME** Abe Ivy
**13b. MOTHER'S MAIDEN NAME** Minnie Harris
**14. NAME OF HUSBAND OR WIFE** Bertha Ivy

**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 OR NAME** Mrs Bertha Ivy ADDRESS 3005 Lambdin

**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**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: Undet.

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Malignant Hypertension — "
DUE TO (c) Undetermined

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* Toxic Psychosis (uremic) — "

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**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.)
**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE)

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?** 445 X

22. *I hereby certify that I attended the deceased from* 12-17, 1951, *to* 12-22, 1951, *that I last saw the deceased alive on* 12-22, 1951, *and that death occurred at* 4:30p *m., from the causes and on the date stated above.*

**23a. SIGNATURE** Lorenzo W Harris (Degree or title) M.D.
**23b. ADDRESS** 2601 N Whittier St
**23c. DATE SIGNED** 12-24-51

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Removal
**24b. DATE** 12/28/51
**24c. NAME OF CEMETERY OR CREMATORY** Oak Dale
**24d. LOCATION** (City, town, or county) 3900 Mt Olive (State) Missouri

**DATE REC'D BY LOCAL REG.** DEC 26 1951
**REGISTRAR'S SIGNATURE** J Earl Smith MD WJG
**25. FUNERAL DIRECTOR'S SIGNATURE** Herman Smith ADDRESS 4247 Rebadie

(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 working under my personal supervision.

Signed Lawrence E Woodson

Licensed Embalmer No. 4341

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.