

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3411

FILED JAN 26 1952

318

1003

State File No.

Registrar's No. 0106

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY-REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town or town St. Louis, Missouri)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (in this place) 1 week		2239	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1		22 STREET ADDRESS (If rural, give location) 2849a Eads Avenue	
3. NAME OF DECEASED a. (First) ANNA (Type or Print)		b. (Middle) TITUS	
c. (Last) TITUS		4. DATE OF DEATH (Month) (Day) (Year) JAN. 3, 1952	
5. SEX Fem.	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 9-11-1897
9. AGE (In years last birthday) 54		10. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Nebraska
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Andrew Pierson		13b. MOTHER'S MAIDEN NAME Christina Nelson	
14. NAME OF HUSBAND OR WIFE Franklin Titus		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Yvonne Sadlon, 1014 Kilner Ave., Lemay, Mo.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myelogenous leukemia 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. Thrombosis of inferior vena cava	
19a. DATE OF OPERATION		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? 204.1		22. I hereby certify that I attended the deceased from 12-26-51-2/1951, to 1-3-52, 19____, that I last saw the deceased alive on 1-3-52, 19____, and that death occurred at 5:40P m., from the causes and on the date stated above.	
23a. SIGNATURE John T. Lawton (Degree or title) M.D.		23b. ADDRESS 1515 Lafayette Avenue	
23c. DATE SIGNED 1-3-52		24a. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	
24b. DATE 1-7-52		24c. LOCATION (City, town, or county) St. Louis, Mo.	
24d. LOCATION (City, town, or county) St. Louis, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLaughlin, 2301 Lafayette Ave. St. Louis	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JAN 6 1952 J. Earl Smith M.D.		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	

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.

Student Embalmer No.....

Signed.....

H. R. Cooper

Signed.....

Student Embalmer

Licensed Embalmer No. *3633*

P. O. Address *2317 Kelsey St*

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.