

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26473

State File No.

6457

FILED JUL 22 1952

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>MO.</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3033 LAMB DIN</u>		d. STREET ADDRESS (If rural, give location) <u>10 3033 LAMB DIN</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>LUCILLE</u>	b. (Middle)	c. (Last) <u>WEST</u>	<u>7-3-52</u>		

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>COL.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>3-5-1908</u>	9. AGE (in years last birthday) <u>44</u>	10. MONTHS <u>44</u>	11. DAYS <u>44</u>	12. HOURS <u>44</u>	13. MIN. <u>44</u>
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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>HOMEKEEPER</u>	11. BIRTHPLACE (State or foreign country) <u>WICKSBURGE MISS.</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>WILLIE GRAYS</u>	13b. MOTHER'S MAIDEN NAME <u>MARY HART</u>	14. NAME OF HUSBAND OR WIFE <u>MONROE WEST</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give year or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Rev. Monroe West</u>	ADDRESS <u>3033 Lamb Din</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Several hrs. of prof. prof.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Septicemia</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes mellitus</u>		
	DUE TO (c) <u>carbuncle foot.</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) <u>260 X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>about 6-8 hrs.</u>
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22. I hereby certify that I attended the deceased from 7-2-52 10, to 7-2- 1952 that I last saw the deceased alive on 7-2-, 1952 and that death occurred at 10:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. F. Winter M.D.</u>	(Degree or title)	23b. ADDRESS <u>2743 Fairview</u>	23c. DATE SIGNED <u>7-3-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>7-7-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WASHINGTON PARK</u>	24d. LOCATION (City, town, or county) (State) <u>5504 BROWN Road St. Louis Mo</u>
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DATE REC'D BY LOCAL REG. <u>JUL 5 1952</u>	REGISTRAR'S SIGNATURE <u>J. Earl Smith md</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>G. W. Bruce</u>	ADDRESS <u>4467 Washington</u>
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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Frederick P. Starks*.....

Licensed Embalmer No. *4599*.....

P. O. Address *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.