

FILED JUL 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26506

State File No. 6681

318

1003

Registrar's No.

BIRTH NO.		REG. DIST. NO.	PRIMARY REG. DIST. NO.	Registrar's No.	
1. PLACE OF DEATH a. COUNTY <i>0</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>St. Louis</i>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St Louis Mo</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St Louis</i>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>City Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>26 1604 Hogan Str.</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Lizzo</i> b. (Middle) <i>Wintere</i> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <i>8-8-52</i>			
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>W</i>	8. DATE OF BIRTH <i>- - -</i>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <i>82</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Not Employed</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>Belleville Ills</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13a. FATHER'S NAME <i>Neubeurg</i>			
13b. MOTHER'S MAIDEN NAME <i>Unknown</i>		14. NAME OF HUSBAND OR WIFE <i>Deceased</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>No</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Fred Hildebrant 5056 Riverview</i>	
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) <i>Lt of the right hip; Arteriosclerosis</i> ANTECEDENT CAUSES <i>supported when deceased fell the floor of the porch at her home at 1602 Hogan Str. DUE to on June 15 1952 at about 8:25 pm</i> II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>Accident</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <i>Accident</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Porch</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St Louis Mo</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>June 15 52 8:25</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>200 E9030</i>	
22. I hereby certify that I attended the deceased from <i>19</i> , to <i>19</i> , that I last saw the deceased alive on <i>19</i> , and that death occurred at <i>3:57</i> m., from the causes and on the date stated above. <i>20</i>					
23a. SIGNATURE (Degree or title) <i>W. H. Russell, M.D.</i>		23b. ADDRESS <i>1300 Clark</i>		23c. DATE SIGNED <i>7/10/52</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>B</i>		24b. DATE <i>7/14/52</i>		24c. NAME OF CEMETERY OR CREMATORY <i>St Peter's Cemetery</i>	
24d. LOCATION (City, town, or county) (State) <i>St Louis County</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Central Funeral Home 1841 Cass</i>			
DATE REC'D BY LOCAL REG. <i>JUL 10 1952</i>		REGISTRAR'S SIGNATURE <i>Carl Smith M.D.</i>			

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 me

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed W. Wilkinson

Licensed Embalmer No. 3575

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.