

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43809

FILED DEC 24 1952

1003

State File No. 11171

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 11171	
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 township) OR TOWN ST. LOUIS MO		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2129			
d. FULL NAME OF HOSPITAL OR INSTITUTION BETHESDA HOSPITAL IV				d. STREET ADDRESS (If rural, give location) 5622 DELMAR			
3. NAME OF DECEASED (Type or Print) a. (First) LILLIE		b. (Middle) B.		c. (Last) SECOY		4. DATE OF DEATH (Month) (Day) (Year) DEC. 3 1952	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH FEB. 15, 1879	
9. AGE (in years last birthday) 73		IF UNDER 1 YEAR Months		IF UNDER 1 DAY Hours		IF UNDER 1 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN		11. BIRTHPLACE (City and State or Foreign Country) ILLINOIS 1		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME ELISHA L. BURNS			13b. MOTHER'S MAIDEN NAME ABIGAIL CHRISTIAN			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME MRS. NEDA COOK		ADDRESS 4347 LAFAYETTE	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease, unobscured 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	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4200			
22. I hereby certify that I attended the deceased from 11/29 , 19 52 , to 12/3 , 19 52 , that I last saw the deceased alive on 12/2 , 19 52 , and that death occurred at 6:00A m., from the causes and on the date stated above.							
23a. SIGNATURE Thomas W. Parker MD.				23b. ADDRESS (Degree or title) 4660 Maryland		23c. DATE SIGNED 12/3/52	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE DEC. 6 1952		24c. NAME OF CEMETERY OR CREMATORY MEMORIAL CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO	
DATE REC'D BY LOCAL REG. DEC 4 1952		REGISTRAR'S SIGNATURE Paul Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE Thomas Rutis		ADDRESS 2906	

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Leo J. Buddle
Licensed Embalmer No. 3989
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.