S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JAN 10 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43832

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11602

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)
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 Mo.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2219
d. STREET ADDRESS (If rural, give location) 3000 Pine St. 0

3. NAME OF DECEASED (Type or Print)
a. (First) Lilbert Lamarr
b. (Middle) Smith
c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) Dec. 10, 1952

5. SEX Male

6. COLOR OR RACE Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never Married

8. DATE OF BIRTH Dec. 11, 1950

9. AGE (In years last birthday) 1 — If under 1 year: Months 11, Days 29 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unemployed

10b. KIND OF BUSINESS OR INDUSTRY ———

11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Lilbert Smith

13b. MOTHER'S MAIDEN NAME Virginia Pitchford

14. NAME OF HUSBAND OR WIFE ———

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME Elizabeth Young — **ADDRESS** 3019 Madison

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) Carbon Monoxide poisoning and burns of body, suffered when

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) house was ablaze and burned in fire in home at

DUE TO (c) 3000 Pine Str about 1048 am

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Dec 10 1952. Damage to Bldg. $2000.00 Contents $250.00

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION Accident

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 10 52 10 am 48

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? E9160

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 1048 *a.m., from the causes and on the date stated above.* 11/0

23a. SIGNATURE Patrick E Taylor (Degree or title) Coroner

23b. ADDRESS 1300 Clark Ave.

23c. DATE SIGNED 12-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 4

24b. DATE 12/18/52

24c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery

24d. LOCATION (City, town, or county) St. Louis County (State) Mo.

DATE REC'D BY LOCAL REG. DEC 17 1952

REGISTRAR'S SIGNATURE J Earl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE Price Funeral Home — **ADDRESS** 2829 Washington Ave.

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 4441

P. O. Address 2829 Houston

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.