

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **44147**  
Registrar's No. **11761**

FILED DEC 17 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

BIRTH NO.		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>11761</b>	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (On this place) <b>1 yr 12 mos</b>		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <b>707 N Channing</b> <b>2219</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Maryzener</b>		b. (Middle)		c. (Last) <b>Cutts</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>12/12/53</b>	
5. SEX <b>F.</b>	6. COLOR OR RACE <b>Col.</b>	7. MARRIED, NEVER MARRIED, <del>MARRIED</del> OR FORCED (Specify)	8. DATE OF BIRTH <b>5/1/93</b>	9. AGE (In years last birthday) <b>60</b>	10. UNDER 1 YEAR Months Days	11. UNDER 15 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>In home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Mississippi</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Ed Coleman, Jr.</b>		13b. MOTHER'S MAIDEN NAME <b>Donnie White</b>		14. NAME OF HUSBAND OR WIFE <b>Geo. Anderson Cutts</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO. <b>112</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>George Cutts 707 Channing</b>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lobar Pneumonia</b>  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 <b>1 wk</b>	
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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>490X</b>			
22. I hereby certify that I attended the deceased from <b>Dec 3, 1953</b> , to <b>Dec 12, 1953</b> , that I last saw the deceased alive on <b>12-12, 1953</b> , and that death occurred at <b>1 P</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Walter A. Young</b>				23b. ADDRESS <b>M-D 9 2337 Market</b>		23c. DATE SIGNED <b>12/12/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>12-15-1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Winston Co., Mississippi</b>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <b>DEC 14 1953</b>		REGISTRAR'S SIGNATURE <b>Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Riley Undertakers - 3759 Finney Ave.</b>			

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

*Lawrence E. Woodson*

Licensed Embalmer No. *434*

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.