

10444

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 2369

BIRTH NO. FILED MAR 19 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis		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 4716 Arsenal		STREET ADDRESS (If rural, give location) 16 4716 Arsenal		21090	
3. NAME OF DECEASED (Type or Print) a. (First) Lydia		b. (Middle) Mary		c. (Last) Speed	
4. DATE OF DEATH Month Day Year March 13 1954		5. SEX F. /		6. COLOR OR RACE W.	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Aug. 3 1894		9. AGE (In years last birthday) 59	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Henry Fuller		13b. MOTHER'S MAIDEN NAME U.K.	
14. NAME OF HUSBAND OR WIFE Charles Speed		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Charles Speed		ADDRESS 4716 Arsenal			
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) Disease: <i>Leucemia Stomach</i> 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. <i>Permeated anemia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>8 mo</i> <i>10 yr</i>	
19a. DATE OF OPERATION <i>N</i>		19b. MAJOR FINDINGS OF OPERATION <i>None</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>✓</i>		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 <i>noon</i> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>151X</i>	
22. I hereby certify that I attended the deceased from <i>1922</i> , 19 to <i>death</i> , 19, that I last saw the deceased alive on <i>2/26</i> , 19 <i>54</i> , and that death occurred at <i>11:30 A.M.</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>Shorwmler M.D.</i>		23b. ADDRESS <i>488 Humboldt Blvd</i>		23c. DATE SIGNED <i>3/13/54</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE <i>3/16/54</i>		24c. NAME OF CEMETERY OR CREMATORY St. Peters	
24d. LOCATION (City, town, or county) (State) St. Louis Missouri		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 15 1954 <i>J. Earl Smith M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Arthur J. Donnelly 3840 Lindell Blvd</i>	

E.P. (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.....
Signature of Student Embalmer

Signed..... *Francis Williams*

Licensed Embalmer No. *356*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.