

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14001

State File No. ....

3856

FILED MAY 6 1954

318

1003

Registrar's No. ....

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>2wks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>East St. Louis</u>		<u>8120</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Infirmary</u>				d. STREET ADDRESS (If rural, give location) <u>1229a Gaty Avenue</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LUCY</u>		b. (Middle) _____		c. (Last) <u>RICE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 26, 1954</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Dec. 24, 1905</u>	
9. AGE (In years last birthday) <u>48</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Jackson, Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Dave Sanders</u>		13b. MOTHER'S MAIDEN NAME <u>Angeline (Unknown)</u>		14. NAME OF HUSBAND OR WIFE <u>Rodger Rice</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>49D-34-7592</u>		17. INFORMANT'S SIGNATURE OR NAME <u>LORRAINE MANN</u> ADDRESS <u>1229a Gaty Ave. E. St. Louis, Ill.</u>			
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.		<p align="center"><b>MEDICAL CERTIFICATION</b></p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hyperchromic Anemia (Unspecified)</u></p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Drug Poisoning (accidental)</u></p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u></p>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis, Illinois</u>			
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? <u>412 E 953X</u>			
22. I hereby certify that I attended the deceased from <u>April 9, 1954</u> , to <u>April 26, 1954</u> , that I last saw the deceased alive on <u>April 26, 1954</u> , and that death occurred at <u>11:30 am.</u> , from the causes and on the date stated above. <u>46</u>							
23a. SIGNATURE (Degree or title) <u>William T. Querns, M.D.</u>				23b. ADDRESS <u>1228 Pigott E. St. Louis</u>		23c. DATE SIGNED <u>4/28/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4/28/1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Douglas</u>		24d. LOCATION (City, town, or county) (State) <u>Washington Park, Illinois</u>	
DATE REC'D BY LOCAL REG. <u>APR 28 1954</u>		REGISTRAR'S SIGNATURE <u>Charles Smith MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Marion's Office</u>		ADDRESS <u>2114 Missouri Ave. E. St. Louis, Ill.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10.48

neurosis and phenobarbital

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 Ben H. Baldwin

Licensed Embalmer No. 2420

P. O. Address. 721 N 26th Street

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.