

FILED JUN 8 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17404

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1139

1. PLACE OF DEATH a. COUNTY Saint Louis		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 Clayton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kinloch	
c. LENGTH OF STAY (In this place) 1 day		d. STREET ADDRESS (If rural, give location) 5356 Evergreen	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hosp			

3. NAME OF DECEASED (Type or Print) Helen		a. (First) b. (Middle) c. (Last) Willis		4. DATE OF DEATH (Month) (Day) (Year) May 15, 1954	
5. SEX Female		6. COLOR OR RACE Col		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	
8. DATE OF BIRTH 23 July 1948		9. AGE (In years last birthday) 5		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY --NONE		11. BIRTHPLACE (City and State or Foreign Country) Drew, Miss	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME J. B. Willis		13b. MOTHER'S MAIDEN NAME Eliza Hollowell		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS J. B. Willis, Kinloch, Mo.	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia			INTERVAL BETWEEN ONSET AND DEATH 48 hrs.
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. Double uveyer. Right Life.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 490X			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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	

22. I hereby certify that I attended the deceased from 5-14, 1954, to 5-15, 1954, that I last saw the deceased alive on 5-15, 1954, and that death occurred at 4:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE Walter S. Dixon (Degree or title) M.D.		23b. ADDRESS 601 S. Brentwood, Clayton, Mo.		23c. DATE SIGNED 5/15/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 18 May 54		24c. NAME OF CEMETERY OR CREMATORY Washington Park	
24d. LOCATION (City, town, or county) (State) Berkeley, Mo		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herbert R. Donke, H.D. Bond Bros, Kinloch, Mo			
DATE REC'D BY LOCAL REG. 5-17-54		REGISTRAR'S SIGNATURE			

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

101010

---

---

**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 \_\_\_\_\_

*Edward L. Lyman*

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

*4444  
St. Louis 13, 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.