

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35087

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9267

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>ST Louis</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <u>312 Marion</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G. Phillips Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Lillie</u>	b. (Middle)	c. (Last) <u>Aldridge</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10 14 54</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>COL.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>10.14.1918</u>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <u>36</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>labor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Laundry</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Miss</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Jim Gilmore</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Lindsay</u>	14. NAME OF HUSBAND OR WIFE <u>Eddie Aldridge</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>491-34-1771</u>	17. INFORMANT'S SIGNATURE OR NAME <u>George Harris</u> ADDRESS <u>City</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>Undt.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Luetic Heart Disease - Decompensated</u>		
	ANTECEDENT CAUSES Aortic Aneurysm 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.		<u>Pulmonary Congestion</u> <u>Early Hepatic Cirrhosis</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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? <u>023X</u>
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22. I hereby certify that I attended the deceased from 8-20, 1954, to 10-14, 1954, that I last saw the deceased alive on 10-14, 1954, and that death occurred at 10:05 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edw. B. Williams M.D.</u>	23b. ADDRESS <u>2601 N. Whittier</u>	23c. DATE SIGNED <u>10-15-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Shipped</u>	24b. DATE <u>10/18/1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Macdonia</u>	24d. LOCATION (City, town, or county) (State) <u>Boyle Miss.</u>
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DATE REC'D BY LOCAL REG. <u>OCT 15 1954</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>A. H. Burke</u> ADDRESS <u>3506 Franklin</u>
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(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 *John J. Yander*.....

Licensed Embalmer No. *424*.....

P. O. Address *Webster St*.....

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.