

FILED DEC 16 1954

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42967

State File No. _____

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 10514

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>Missouri</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>St. Louis</u>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Homer G. Phillips Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>19 4431 Delmar</u>					
3. NAME OF DECEASED (Type or Print) <u>Lilla</u>			a. (First)		b. (Middle)		c. (Last) <u>Wingfield</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>11 15 54</u>									
5. SEX <u>3 Female</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Not known</u>		9. AGE (In years) (Last birthday) (Months) (Days) (Hours) (Mins.) <u>abt 50</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>maid</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (City and State or Foreign Country) <u>Greenwood S.C.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joseph Cothron</u>			13b. MOTHER'S MAIDEN NAME <u>Mattie Chiles</u>			14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER, IN U.S. ARMED FORCES? (If yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>240-34-5055</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Talmadge Cothron, Philadelphia</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hepatic Cirrhosis of Unknown Etiology</u> HEPATIC COMA ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Secondary Jaundice</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Undt.</u>	
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) <u>581.0</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____		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 <u>11-10</u> <u>1954</u> , to <u>11-15</u> , <u>1954</u> , that I last saw the deceased alive on <u>11-15</u> , <u>1954</u> , and that death occurred at <u>2:20 P.m.</u> , 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>11-15-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11-20-54</u>		24c. NAME OF CEMETERY, OR CREMATORY <u>Washington Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis MO</u>			
DATE REC'D BY LOCAL REG. <u>NOV 19 1954</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>W. L. Beal</u> ADDRESS <u>Undt. 4303 Delmar</u>				

(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 *Samuel W. High*.....

Licensed Embalmer No. *4802*.....

P. O. Address *3123 R*.....

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.