

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-031011  
State File No. ....

FILED AUG 28 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6994**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (In this place) <b>1yr 2mo</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>26 St. Louis Chronic Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>1222 1/2 S. Beaumont</b>	
3. NAME OF DECEASED a. (First) <b>Lulu</b> (Type or Print)		b. (Middle) <b>Supenbeck</b> c. (Last)	
4. DATE OF DEATH <b>June 19, 1958</b>		5. SEX <b>female</b>	
6. COLOR OR RACE <b>colored</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widow</b>	
8. DATE OF BIRTH <b>1882</b>		9. AGE (In years last birthday) <b>76</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 HR.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Unknown</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <b>Tenn.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Ben Williams</b>		13b. MOTHER'S MAIDEN NAME <b>Cynthia Williams</b>	
14. NAME OF HUSBAND OR WIFE <b>Oliver Supenbeck</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	
16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Chronic Hospital Records</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Embolism</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Heart Disease</b> DUE TO (c) <b>Disease</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>420.0</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>  <b>years</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., to 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 <b>Apr. 3, 1957</b> , to <b>June 19, 1958</b> , that I last saw the deceased alive on <b>June 19, 1958</b> , and that death occurred at <b>1:10 P.M.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>George M. Janaka, M.D.</b>		23b. ADDRESS <b>5600 Arsenal</b>	
23c. DATE SIGNED <b>6/20/58</b>		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <b>7-31-58</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Anatomical Board</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Rowland-Aker Mortuary Service</b>	
DATE REC'D BY LOCAL REG. <b>JUL 15 58</b>		REGISTRAR'S SIGNATURE <b>Carl Smith, M.D.</b>	
26. FUNERAL DIRECTOR'S ADDRESS <b>410 1/2 Manchester Ave. St. Louis 10, Mo.</b>		27. (Licensed Embalmer's Statement on Reverse Side)	

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.