

**FILED** **MAR 29 1973**  
Registration District No. Primary Registration District No. Registrar's No.

DO NOT WRITE ON THIS STUB

VS 300  
Rev. 11/72

7b.c. **3875**  
7d. **10018**  
8. **17**  
14a. **29**  
14b. **510**  
14c-d. **38751**  
14e. **14C**  
22. **0023317**  
26a.  
18. U. **531.0**  
18. S. 1.  
18. S. 2.  
20a-f.  
20g-St.  
20g-Co.  
20g-Cy.

**DECEASED**

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.



**PARENTS**

**CAUSE**

1. DECEASED—NAME FIRST MIDDLE LAST <b>LUCILLE C. TIERNEY</b>			2. SEX <b>Female</b>		3. DATE OF DEATH (MONTH, DAY, YEAR) <b>March 22, 1973</b>	
4. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) <b>White</b>		5. AGE—LAST BIRTHDAY (YEARS) MOS. DAYS <b>66</b>		6. DATE OF BIRTH (MONTH, DAY, YEAR) <b>Nov. 25, 1906</b>		7a. COUNTY OF DEATH
7b. CITY, TOWN, OR LOCATION OF DEATH <b>St. Louis</b>			7c. INSIDE CITY LIMITS (SPECIFY YES OR NO) <b>yes</b>		7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>Jewish Hospital</b>	
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) <b>Illinois</b>		9. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Widowed</b>		11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
12. SOCIAL SECURITY NUMBER <b>499-26-8654</b>			13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) <b>Practical Nurse</b>		13b. KIND OF BUSINESS OR INDUSTRY <b>Lincoln Engineering</b>	
14a. RESIDENCE—STATE <b>Missouri</b>		14b. COUNTY <b>--</b>		14c. CITY, TOWN, OR LOCATION, ZIP CODE <b>St. Louis</b>		14d. INSIDE CITY LIMITS (SPECIFY YES OR NO) <b>yes</b>
14e. TOWNSHIP <b>--</b>		14f. STREET AND NUMBER <b>4945a Devonshire</b>				
15. FATHER—NAME FIRST MIDDLE LAST <b>William Spencer</b>			16. MOTHER—MAIDEN NAME FIRST MIDDLE LAST <b>Bertha Cudworth</b>			
17a. INFORMANT—NAME <b>Mildred G. Schaback</b>			17b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <b>4945a Devonshire, St. Louis, Missouri 63109</b>			
PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]						
18. IMMEDIATE CAUSE (a) <b>Doctor's hemorrhage due to ulcerations</b> DUE TO, OR AS A CONSEQUENCE OF:					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>18 hrs.</b>	
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST (b) DUE TO, OR AS A CONSEQUENCE OF: (c)						
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)						
19a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		20b. DATE OF INJURY (MONTH, DAY, YEAR)		20c. HOUR		
20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)						
20e. INJURY AT WORK (SPECIFY YES OR NO)		20f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		
20h. IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK						
21a. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM <b>2 16 68</b>		21b. MONTH DAY YEAR		21c. AND LAST SAW / HER ALIVE ON <b>3 21 73</b>		
21d. CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. <b>3 22 73</b>		21e. HOUR OF DEATH		21f. I DID/DID NOT VIEW THE BODY AFTER DEATH. <b>DID NOT</b>		
21g. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. <b>5:30a</b>		21h. MONTH DAY YEAR HOUR				
22a. CERTIFIER—NAME (TYPE OR PRINT) <b>Dr. Ellis Lipsitz</b>		22b. MO. LICENSE NO. <b>02317</b>		22c. SIGNATURE <i>Ellis Lipsitz M.D.</i>		
22d. DATE SIGNED (MONTH, DAY, YEAR) <b>3/22/73</b>		22e. MAILING ADDRESS—CERTIFIER <b>4511 Forest Park, St. Louis, Missouri</b>				
23a. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>Burial</b>		23b. CEMETERY OR CREMATORY—NAME <b>Calvary Cemetery</b>		23c. LOCATION CITY OR TOWN STATE <b>St. Louis, Missouri</b>		
24a. DATE (MONTH, DAY, YEAR) <b>March 24, 1973</b>		24b. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <b>Kriegshauser, 4228 So. Kingshighway, St. Louis, Missouri 63109</b>				
25a. FUNERAL DIRECTOR—SIGNATURE <i>Dr. H. Kriegshauser</i>		25b. REG. NO. <b>784</b>		25c. REGISTRAR—SIGNATURE <i>Helena L. Briney, M.D.</i>		
26a. DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 23 1973</b>						

Type or print in PERMANENT BLACK INK. See handbook for instructions.

**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 R.W. Stoverson

Licensed Embalmer No. 4007

P. O. Address St. Louis 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.