

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 33896  
Registrar's No. 8593

Registration District No. 791

Primary Registration District No. 1003

PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Storer G. Phillips  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Pink Blanks

8. (b) If veteran, name war no 8. (c) Social Security No. 493-09144

4. Sex Male 5. Color or race Colored 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_ years

7. Birth date of deceased May 16 1907  
(Month) (Day) (Year)

8. AGE: Years 38 Months 4 Days 29 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Meridian Mississippi  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

12. Name Jim Blanks

13. Birthplace Meridian Miss  
(City, town, or county) (State or foreign country)

14. Maiden name Blanche Clayton

15. Birthplace Meridian Miss  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Washie Burke

(b) Address 4451 Garfield

17. (a) Removal (b) Date thereof Oct 18 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Meridian Miss

18. (a) Signature of funeral director Manuel Lindley

(b) Address 4059 Franklin

19. (a) Oct 18 1940 (b) \_\_\_\_\_  
(Date received local registration) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4451 Garfield Ave  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 15  
year 1940 hour 4:00 minute A M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Fractured skull with laceration of brain and hemorrhage, when he  
Due walked into a truck while crossing  
street at Newstead & Aldine; Truck  
being driven by John Martin, Col.  
about 8:10 P.M. Oct 14, 1940

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Accident  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Oct 14, 1940

(c) Where did injury occur? St. Louis Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Newstead & Aldine St. on corner

While at work? No (Specify type of place) (Specify type of place)

Means of injury struck by auto

23. Signature Alfred Terry (M. D. or other) \_\_\_\_\_

Address 4451 Garfield Date signed 10/18/40

**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.....

William C McDowell....., Registered Apprentice No.....  
working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

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 this body is not embalmed, above space should be left blank.**