No. 2
-1/47
3-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14207

FILED APR 23 1948

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 3418

1. 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: 1433 Cass Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 3 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis, Mo. 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1433 Cass Avenue 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Louis Highley

3. (b) If veteran, name war World War II

3. (c) Social Security No.

4. Sex male 2

5. Color or race Col.

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Beactrice Highley

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March (Month) 16 (Day) 1911 (Year)

8. AGE: Years 37 Months 0 Days 20 If less than one day hr. min.

9. Birthplace Renard (City, town, or county) Miss. (State or foreign country)

10. Usual occupation Porter

11. Industry or business none

FATHER
12. Name Clark Highley
13. Birthplace Paris, La. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Callie Anderson
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Joe Watkins
(b) Address 1433 Cass Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/9/48 (Month) (Day) (Year)
(c) Place: burial or cremation Helena Ark

18. (a) Signature of funeral director Allen Dailey
(b) Address 3506 Franklin Ave.

19. (a) APR 9 1948 (Date received local registrar) (b) J. F. Bridrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6 year 1948 hour 6 minute 00 A.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of skull
2 Subdural hemorrhage of brain
When found lying on the sidewalk
Employees left in elevator of the
third floor of 1433 Cass Ave
Due to
Due to
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operation 1/95
Of autopsy 40

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Fall
(b) Date of occurrence 4/6/48 2:00
(c) Where did injury occur? 1433 Cass Ave St. Louis Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury Fall

23. Signature Thomas F. Collins (M.D. or other) Coroner
Address Date signed 4-9-48

Jefferson City Printing Co.

(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 _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Ralph W Henson

Licensed Embalmer No. 3791

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