

FILED MAR 26 1949

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

State File No. 10051  
2359

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 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 <u>MO</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (In this place) <u>2</u>		d. STREET ADDRESS (If rural, give location) <u>1324 Blair St. 0</u>	
d. FULL NAME OF DECEASED (If not in hospital, institution, street address or location) <u>Announced dead at HOMER G. PHILLIPS HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mr. George</u> b. (Middle) <u>A</u> c. (Last) <u>Fountain</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 - 11 - 49</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>Col</u>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>6-1-1892</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>56</u>
		11. BIRTHPLACE (State or foreign country) <u>Nashville Tenn</u>	12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME <u>Daniel Fountain</u>	13b. MOTHER'S MAIDEN NAME <u>Amanda Renner</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Fountain</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>war I</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Rev. Shepard Fountain 3438 Linton Blvd</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Fracture of skull, Subdural Hemorrhage when struck with 2x4 in fight in pool hall located at 1410 Biddle St. about 1:00pm Mar 11 1949</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Pin hands of one Arthur Evans (Col)</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Hemorrhage</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Homicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Pool Hall</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis MO</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Mar 11 49 1:00 p.m.</u>	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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Signature or title) <u>Walter Perry Reynolds</u>	23b. ADDRESS <u>1300 Clark</u>	23c. DATE SIGNED <u>3/15/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>3-17-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery Jefferson Barcks</u>	24d. LOCATION (City, town, or county) (State) <u>MISS</u>
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DATE REC'D BY LOCAL REG. <u>MAR 15 1949</u>	REGISTRAR'S SIGNATURE <u>J. B. Pasator</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Duslowe</u>	ADDRESS <u>2950 Dickson St.</u>
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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 .....  
Student Embalmer

Signed Arthur L. Helliard

Licensed Embalmer No. 4221

P. O. Address 4049 St Ferdinand

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.