

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

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

10054

FILED APR 8 1949

State File No. \_\_\_\_\_

318

1003

2174

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY _____  b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Saint Louis</u> <span style="margin-left: 100px;">3</span> c. LENGTH OF STAY (in this place) <u>2 yrs.</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY _____  c. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u> <span style="margin-left: 100px;">17</span> d. STREET ADDRESS (If rural, give location) <u>744 Walton</u> <span style="margin-left: 100px;">D</span>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Edward Homer Phillips Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>744 Walton</u>	

<b>3. NAME OF DECEASED</b> (Type or Print) <u>Audrey</u>	a. (First) _____ b. (Middle) <u>Vau</u> c. (Last) <u>Ean Foy</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>March 6 1949</u>
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<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>Negro</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Single</u>	<b>8. DATE OF BIRTH</b> <u>July 16th 1928</u>	<b>9. AGE</b> (In years last birthday) <u>20</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>None</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>--</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Moline Ill.</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U. S.</u>
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<b>13a. FATHER'S NAME</b> <u>Ross Hopkins</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Laura Foy</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>--</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>Not known</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Johnny Moore</u> <u>4109 Enright Apt 6</u>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;"><b>MEDICAL CERTIFICATION</b></td> </tr> <tr> <td style="width:50%; vertical-align: top;"> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Heroin Poisoning, following injections with fine needle of the hands of one Jess Hall (col) in the room # 406 of the De Luge Hotel, 744 Walton Ave around 8:00 o'clock on Mar 6 1949</u> </td> <td style="width:50%; vertical-align: top;"> <b>INTERVAL BETWEEN ONSET AND DEATH</b>  <u>168</u> </td> </tr> <tr> <td colspan="2" style="vertical-align: top;"> <b>II. OTHER SIGNIFICANT CONDITIONS</b>                  Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u> </td> </tr> </table>	<b>MEDICAL CERTIFICATION</b>		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Heroin Poisoning, following injections with fine needle of the hands of one Jess Hall (col) in the room # 406 of the De Luge Hotel, 744 Walton Ave around 8:00 o'clock on Mar 6 1949</u>	<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>168</u>	<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>	
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<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>Heroin poisoning</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <u>Homicide</u>	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hotel</u>	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>St Louis Mo</u>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <u>Mar 6 49 8:00 a.m.</u>	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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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 8:00 A.M., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>Joseph M. Quinn</u>	<b>23b. ADDRESS</b> <u>1300 Clark Av.</u>	<b>23c. DATE SIGNED</b> <u>3/8/1949</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Removal</u>	<b>24b. DATE</b> <u>3/8/1949</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Burlington Iowa</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Burlington Iowa</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>MAR 8 1949</u>	<b>REGISTRAR'S SIGNATURE</b> <u>J B Foster</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>Charles J. Gates</u> <u>4107 Finney Ave.</u>
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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.

Signed \_\_\_\_\_



Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4229

P. O. Address 4107 7

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.