

STANDARD CERTIFICATE OF DEATH

FILED APR 2 1949

State File No. **10994**

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6576 Registrar's No. 4145

1. PLACE OF DEATH a. COUNTY St. Louis, Mo.			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) Wellston		c. LENGTH OF STAY (in this place) 1	c. CITY (If outside corporate limits, write RURAL and give township) Wellston		d. STREET ADDRESS (If rural, give location) 6514 Whitney
d. FULL NAME OF HOSPITAL OR INSTITUTION 6514 Whitney			d. STREET ADDRESS (If rural, give location) 6514 Whitney		

3. NAME OF DECEASED (Type or Print) HAROLD			4. DATE OF DEATH (Month) (Day) (Year) 2 23 49		
a. (First)	b. (Middle)	c. (Last)			

5. SEX Male	6. COLOR OR RACE negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 3/10/1916	9. AGE (in years last birthday) 32	IF UNDER 1 YEAR Months 10	IF UNDER 24 HRS. Hours 10	IF UNDER 15 MIN. Min. 10
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Meridan, Miss.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Stella Burwell			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Stella Burwell 6514 Whitney			
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) self-inflicted carbon monoxide poisoning and acute alcoholism					INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 163						

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Wellston, St. Louis Mo.	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2 23 49 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ernest J. Willmann Coroner		23b. ADDRESS Clayton, Mo.		23c. DATE SIGNED 2/26/49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/28/49	24c. NAME OF CEMETERY OR CREMATORY Washington Pk.		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
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DATE REC'D BY LOCAL REG. 2/26/49		REGISTRAR'S SIGNATURE Shirley L. Sauer		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Floyd English 2931 Lucas Ave.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

S. No. 300
v. 10.48

9680

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.....

Licensed Embalmer No.....

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, fact should be so stated above.