

FILED MAY 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17865

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>8063</u>		Registrar's No. <u>1029</u>	
1. PLACE OF DEATH a. COUNTY <u>St Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Clayton</u>)		c. LENGTH OF STAY (In this place) <u>0</u> township)		c. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis County</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Louis County</u>				d. STREET ADDRESS (If rural, give location) <u>Brentwood Blvd</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Virgil</u>		b. (Middle) <u>Hightower</u>		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>4 25 49</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>		8. DATE OF BIRTH <u>May 18 1929</u>	
9. AGE (In years last birthday) <u>21</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>unemployed</u>		11. BIRTHPLACE (State or foreign country) <u>Kinloch Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>0</u>	
13a. FATHER'S NAME <u>Verlie</u>		13b. MOTHER'S MAIDEN NAME <u>Augusta Whitker</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Augusta Hightower</u> ADDRESS <u>Oakridge</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>no</u>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Unknown</u>					
		ANTECEDENT CAUSES DUE TO (b) <u>Unknown</u>					
		DUE TO (c) <u>Unknown</u>					
		II. OTHER SIGNIFICANT CONDITIONS <u>7935</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Autopsy did not reveal cause of death</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <u>4-25</u> , 19 <u>48</u> , to <u>4-25</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>4/25</u> , 19 <u>49</u> , and that death occurred at <u>6 25</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>John A. Stanz</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>601 Brentwood Clayton</u>		23c. DATE SIGNED <u>4/25/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>5/2/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park Cem</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis County Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4/27/49</u>		REGISTRAR'S SIGNATURE <u>Thurid V Linger M Dsa</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Boyd Bros</u> ADDRESS <u>Lix & Stanza Kinloch Mo</u>			

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

96
2
3

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 _____

Henry C. Williams

Student Embalmer No. *306*

working under my personal supervision.

Signed *Henry C. Williams*
Student Embalmer

Signed *Edward A. Flynn*

Licensed Embalmer No. *4444*

P. O. Address *4548^a Page Bl.*

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.

La 7.664