

FILED OCT 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32372

96 22 W

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 13056

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 township) OR TOWN <u>Clayton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>S. Kirkwood</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>340 Alsebrook</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>SAMUEL</u> b. (Middle) <u>Willie</u> c. (Last) <u>BLAIR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 16, 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 20, 1926</u>
9. AGE (In years last birthday) <u>23</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>26</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chauffeur</u>	11. BIRTHPLACE (State or foreign country) <u>Palmyra Mo.</u>
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>John Blair</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Bates</u>	
14. NAME OF HUSBAND OR WIFE <u>Ahmed Blair</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. <u>496-22-5726</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ahmed Blair</u> ADDRESS <u>340 Alsebrook</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral concussion (severe)</u> ANTECEDENT CAUSES <u>② laceration of brain</u> DUE TO (b) <u>(trauma)</u> DUE TO (c) _____ 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>E 8/2 X</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>26</u>	
21a. ACCIDENT SUICIDE HOMICIDE <u>ACCIDENT</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Public Hy.</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Mo.</u>	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept. 11, 1949 1a p.</u>
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto Accident - Coll with car</u>	
22. I hereby certify that I attended the deceased from <u>Sept. 11, 1949</u> , to <u>Sept. 17, 1949</u> , that I last saw the deceased alive on <u>Sept. 17, 1949</u> , and that death occurred at <u>10:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Jack A. Gregory M.D.</u>		23b. ADDRESS <u>St. L. County Hosp</u>	23c. DATE SIGNED <u>9/19/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 23, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Father Dickson</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>
DATE REC'D BY LOCAL REG. <u>9-22-49</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Roney, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John W. Hemphill</u> ADDRESS <u>408 S. Filmore</u>	

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

ME-77

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. 4441

P. O. Address 408 Filmore

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.