

FILED FEB 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6284

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 991

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) 112A S. Rankin		2189
d. FULL NAME OF HOSPITAL OR INSTITUTION 112A S. Rankin			d. STREET ADDRESS (If rural, give location) 112A. S. Rankin		
3. NAME OF DECEASED (Type or Print) a. (First) Lee b. (Middle) Otis c. (Last) Hampton			4. DATE OF DEATH (Month) (Day) (Year) Jan. 29, 1950		
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 13, 1946	9. AGE (In years last birthday) 3	IF UNDER 1 YEAR Months 5 Days 16
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Edgar Hampton		13b. MOTHER'S MAIDEN NAME Lydia Dunkin		14. NAME OF HUSBAND OR WIFE None	
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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mamie Koonce 4191 Delmar		
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, asthenia, etc. "It means" the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) C. O. P. poisoning, 3° burns of 20% of body, suffered in fire in home 114 S. Rankin by suicide-terminated origin, alcohol. DUE TO (b) DUE TO (c) 800 per Jan 29 1950 Damage to building 750.00 and 500.00 to contents II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. to contents			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Accident			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo 69/60	21f. HOW DID INJURY OCCUR? 16		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 29 50 800 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
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 800 P. m., from the causes and on the date stated above.					
23a. SIGNATURE Joseph M. Linn 3 degrees (Degree or title)			23b. ADDRESS 1300 Clark		23c. DATE SIGNED 1/31/50
24a. BURIAL, CREMATION, REMOVAL (Specify) N	24b. DATE 2-4-50	24c. NAME OF CEMETERY OR CREMATORY Washington Park	24d. LOCATION (City, town, or county) (State) St. Louis County - Mo.		
DATE REC'D BY LOCAL REG. JAN 31 1950	REGISTRAR'S SIGNATURE J. B. Pasater		25. FUNERAL DIRECTOR'S SIGNATURE E. B. Koonce	ADDRESS 12217 Grand	

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 Lawrence Adams

Licensed Embalmer No. 4755

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.