

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

FILED FEB 24 1950

State File No. **6293**
4285

BIRTH NO. 75709-49 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		19
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>21 2917th COLE</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Colton</u>		b. (Middle) <u>-</u>	c. (Last) <u>Harrell</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 6 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Oct. 27, 1949</u>	9. AGE (In years last birthday) <u>3</u>	IF UNDER 1 YEAR Days <u>10</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nil</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <u>COLTON HARRELL SR.</u>		13b. MOTHER'S MAIDEN NAME <u>ELENORA WEST</u>	14. NAME OF HUSBAND OR WIFE <u>-</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Colton Harrell 2917th Cole St</u>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>IntraCranial Birth Injury</u>		DUPLICATE		<u>Lifer.</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Aspiration Pneumonia</u>		<u>Undet.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>ST. LOUIS MO</u>		
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 1-21, 1950, to 2-6, 1950, that I last saw the deceased give on 2-6, 1950, and that death occurred at 3:55p m., from the causes and on the date stated above.

23a. SIGNATURE <u>August Jones</u> M. D.		23b. ADDRESS <u>2601 N Whittier St</u>	23c. DATE SIGNED <u>2-7-50</u>
24a. BURIAL CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2-9-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GREENWOOD CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS CTY. MO</u>
DATE REC'D BY LOCAL REG. <u>FEB 8 1950</u>	REGISTRAR'S SIGNATURE <u>J. B. Kessler</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>A. F. WALTON 2707 STODDARD ST.</u>	

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.....

working under my personal supervision.

Student Embalmer No.....

Signed *Arthur L. Hilliard*

Signed.....
Student Embalmer

Licensed Embalmer No. *4221*

P. O. Address *4049 St Ferdinand*

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.