

FILED FEB 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH 1003

State File No. 6619

Registrar's No. 1151

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO.	State File No. 6619		Registrar's No. 1151	
1. PLACE OF DEATH a. COUNTY b. CITY OR TOWN c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE b. COUNTY c. CITY OR TOWN d. STREET ADDRESS				
3. NAME OF DECEASED (First) (Type or Print)			b. (Middle)		c. (Last)		
4. DATE OF DEATH (Month) (Day) (Year)		5. SEX		6. COLOR OF RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH		9. AGE (In years last birthday)		10. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give year of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)				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.		ANTECEDENT CAUSES (b) (c)				DUE TO (b) (c)	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY (YES <input 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) (m.)	
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 _____, 19____, to _____, 19____, and that death occurred _____, 19____, from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title)		23b. ADDRESS		23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REGISTRY		REGISTRAR'S SIGNATURE		25. FUNERAL HOME OR SERVICE			

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

140  
3

St. Louis Mo  
Foot of Boercas St

Mo  
St. Louis 2259  
23 5 7.9

Toplosky  
21 50

49-1886  
Europe

Europe

Tank C. Taylor 1300 Clark

Asphyxiation from Bronchitis  
When deceased was found in the Mississippi River at the foot of Grand St. on Jan 21st 1950 at about 2:38

Cause & Manner of Cause could not be determined

E9369

47

1950

1300 Clark

Anatomical Board

Rowland Mortuary Services Inc.  
4104 Manchester Ave. St. Louis 10, Mo.

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  
at College of Mortuary Science Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed Ralph W Heman

Licensed Embalmer No. B 791

P. O. Address St. Louis, Mo

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.