

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **6959**

FILED FEB 17 1950

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3063** Registrar's No. **231**

1. PLACE OF DEATH a. COUNTY St. Louis		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) OR TOWN Clayton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Louis County Hospital		d. STREET ADDRESS (If rural, give location) 2724 a Sheridan	

3. NAME OF DECEASED (Type or Print) a. (First) Herman	b. (Middle) _____	c. (Last) Lardge	4. DATE OF DEATH (Month) (Day) (Year) 1 - 26 - 1950
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5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10 - 16 - 1920	9. AGE (In years last birthday) 29	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Concrete Prod. Mfg.	11. BIRTHPLACE (State or foreign country) Homer, La.	12. CITIZEN OF WHAT COUNTRY? USA.
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13a. FATHER'S NAME Doc. Lardge	13b. MOTHER'S MAIDEN NAME Callie Sumlin	14. NAME OF HUSBAND OR WIFE Zenobia Lardge
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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. VNK	17. INFORMANT'S SIGNATURE OR NAME Zenobia Lardge	ADDRESS 2724 a Sheridan
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH E983X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) simple skull fracture with brain hemorrhage-struck with iron bar		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 983X	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) Homicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Concrete Prod. Co.	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Brentwood, St. Louis, Mo.
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21d. TIME OF INJURY 1 26 50 A.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? See above
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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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE Arnold J. Wellman (Degree or title) Coroner	23b. ADDRESS Clayton, Mo.	23c. DATE SIGNED 1/27/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 1 - 31 - 1950	24c. NAME OF CEMETERY OR CREMATORY Minden, Louisiana.	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JAN 27 1950 Herbert R. Dombke	25. FUNERAL DIRECTOR'S SIGNATURE ELLIS FUNERAL HOME, INC.	ADDRESS 2820 Stoddard St.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4002
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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 Fulton E. Culkie

Signed.....
Student Embalmer

Licensed Embalmer No. 4198

P. O. Address Shelton 13, 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.