No. 200
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33357

FILED SEP 25 1952

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8033

1. PLACE OF DEATH
a. COUNTY ---
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4300 St. Ferdinand

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2009
d. STREET ADDRESS (If rural, give location) 28 Unknown

3. NAME OF DECEASED (Type or Print)
a. (First) LESTER
b. (Middle) MILLER
c. (Last) RINGO

4. DATE OF DEATH (Month) (Day) (Year) Aug. 17, 1952

5. SEX Male

6. COLOR OR RACE Col

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Unknown

9. AGE (In years last birthday) Abt. 32 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (City and State or Foreign Country) Tennessee

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Unknown

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Mary Ringo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unk — (If yes, give war or dates of service) Unk

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME Theresa Johnson, 4022 N. Market — ADDRESS

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) Subdural hemorrhage caused by fractured skull

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) suffered when deceased fell from window of Room

DUE TO (c) #309 of Caro Hotel while in an intoxicated condition about 445 am Aug 17 1952

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION see Accident

20. AUTOPSY? YES [N] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hotel

21c. (CITY, TOWN, OR TOWNSHIP) St Louis Mo — (COUNTY) — (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 17 52 4 45 a.m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR? E9026

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* 515A *m., from the causes and on the date stated above.* 415

23a. SIGNATURE Patrick E Gaylor (Degree or title) Coroner

23b. ADDRESS 1300 Clark

23c. DATE SIGNED 8-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 8/25/52

24c. NAME OF CEMETERY OR CREMATORY Local

24d. LOCATION (City, town, or county) Cleveland, Ohio (State)

DATE REC'D BY LOCAL REG. AUG 25 1952

REGISTRAR'S SIGNATURE J Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE Wade Funeral Home, 4202 Finney — ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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 Melvin E. Green

Licensed Embalmer No. 4428

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.