

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40596

State File No.

FILED DEC 12 1952

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10795

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>2209</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>On arrival to City Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1725 Leffingwell</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Vernie</u> b. (Middle) <u>E.</u> c. (Last) <u>Pease</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 22, 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>May 15, 1923</u>
9. AGE (In years last birthday) <u>29</u>	10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Truman Ark.</u>	12. CITIZEN OF WHAT COUNTRY?
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Garhouse</u>	10b. KIND OF BUSINESS OR INDUSTRY	13. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Wm. N. Pease</u>		13b. MOTHER'S MAIDEN NAME <u>Barbara Haven</u>	
14. NAME OF HUSBAND OR WIFE <u>Clara Pease</u>		14. NAME OF HUSBAND OR WIFE <u>Clara Pease</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 <u>Clara Pease</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clara Pease</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		MEDICAL CERTIFICATION <u>Gunshot wound of heart inflicted with gun in the hands of a unknown colored man who was caught burglarizing the home at 1622 a</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		INTERVAL BETWEEN ONSET AND DEATH	
2. ANTECEDENT CAUSES (Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.)		DUE TO (b) <u>...</u>	
3. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)		DUE TO (c) <u>...</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Homicide</u>	
20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Homicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>St Louis Mo</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>St Louis Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov 22 52 8:00</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>E981X</u>		21f. HOW DID INJURY OCCUR? <u>E981X</u>	
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 <u>800 f.</u> m., from the causes and on the date stated above.			
23. SIGNATURE (Degree or title) <u>Patrick E Taylor Coroner</u>		23b. ADDRESS <u>1300 Clark</u>	
23c. DATE SIGNED <u>11-24-52</u>		23c. DATE SIGNED <u>11-24-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 26, 1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>NOV 24 1952</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>P. Miceli</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>P. Miceli</u>	
ADDRESS <u>1150 No. Kingshighway</u>		ADDRESS <u>1150 No. Kingshighway</u>	

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

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(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

John S. Kennedy

Licensed Embalmer No. *4194*

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.