

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED APR 3 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 842

1. PLACE OF DEATH
 a. COUNTY St. Louis
 b. CITY (If outside corporate limits, write RURAL and give township) Richmond Heights
 c. LENGTH OF STAY (In this place) 16 days
 d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE Missouri b. COUNTY Butler
 c. CITY OR TOWN Poplar Bluff 0120
 d. STREET ADDRESS None - R.R. 1

3. NAME OF DECEASED
 a. (First) Billy b. (Middle) Joe c. (Last) Saylors

4. DATE OF DEATH (Month) (Day) (Year)
March 17 1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married

8. DATE OF BIRTH Jan 30 1952

9. AGE (In years) (Months) (Days) (If under 1 year, Hours) (Min.)
1 1 17

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
None - Infant

10b. KIND OF BUSINESS OR INDUSTRY
None

11. BIRTHPLACE (State or foreign country)
Broseley, Missouri

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME
Albert Saylors

13b. MOTHER'S MAIDEN NAME
Elvia Zollman

14. NAME OF HUSBAND OR WIFE
Child

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

16. SOCIAL SECURITY NO.
None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Albert Saylors, Poplar Bluff, Mo.

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Extensive 3rd degree Burns
 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.

INTERVAL BETWEEN ONSET AND DEATH
18 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident

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

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Poplar Bluff Butler Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)
March 6, 1953 P.

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

21f. HOW DID INJURY OCCUR?
Home caught on fire

22. I hereby certify that I attended the deceased from 3-8, 1953, to 3-16, 1953, that I last saw the deceased alive on 3-15, 1953, and that death occurred at 1:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
William J. Hartmann, M.D.

23b. ADDRESS
642 1/2 Clayton St. Louis Mo.

23c. DATE SIGNED
3-18-53

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

24b. DATE
3-19-53

24c. NAME OF CEMETERY OR CREMATORY
Mole Hill Cemetery

24d. LOCATION (City, town, or county) (State)
Broseley, Missouri.

DATE REC'D BY LOCAL REG.
3-19-53

REGISTRAR'S SIGNATURE
Herbert R. Donk

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Albert H. Hoppe, 4700 Washington

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.....
Student Embalmer

Signed *J. Wm Binkley*
Licensed Embalmer No. *3653*

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.