

FILED AUG 6 - 1953  
XC 121 21 49

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27260  
REG# 111703  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2072

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

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFFERSON BARRACKS, MO.</b>		c. LENGTH OF STAY (in this place) <b>28 DAYS</b>	c. CITY OR TOWN <b>ST. LOUIS</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSPITAL</b>			e. STREET ADDRESS (If rural, give location) <b>4466 Enright</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Fred</b> b. (Middle) <b>H.</b> c. (Last) <b>BLACK</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>7-27-53</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>NEGRO</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>12-16-89</b>	9. AGE (In years last birthday) <b>63</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CLERK</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>BRANDON, MISSISSIPPI</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>HARRISON BLACK</b>		13b. MOTHER'S MAIDEN NAME <b>NORISSUS SMITH</b>	
14. NAME OF HUSBAND OR WIFE <b>AURORA BLACK</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WW I</b>		16. SOCIAL SECURITY NO. <b>491 14 5652</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSPITAL RECORDS, JEFF BRKS, MO.</b>		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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. INTERVAL BETWEEN ONSET AND DEATH <b>24 hr</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>ENCEPHALOMALACIA OF LEFT CEREBRAL HEMISPHERE</b>		DUE TO (b) <b>THROMBOSIS OF LEFT MIDDLE CEREBRAL ARTERY</b>		DUE TO (c) <b>ARTERIOSCLEROSIS OF CEREBRAL ARTERY</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>PARTIAL OCCLUSION OF RIGHT INTERNAL CAROTID ARTERY BY THROMBUS</b>		19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? <b>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></b>		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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <b>6-29, 1953</b> , to <b>7-27, 1953</b> , and that death occurred at <b>12:50A</b> m., from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) <b>J. K. Kaminski M.D.</b>	
23b. ADDRESS <b>VET ADM HOSP., JEFF BRKS, MO.</b>		23c. DATE SIGNED <b>7-27-53</b>		24a. BURIAL OR CREMATION, REMOVAL (Specify) _____	
24b. DATE <b>7-30-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>7-29-53</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Dumb...</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Russell Und., Co. 2732 Pine Bl</b>	

---

---

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.....  
Signature of Student Embalmer

Signed.....

*James A. Carter*

Licensed Embalmer No. *4681*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.