

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30230

State File No. ....

7728

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. ....

1. PLACE OF DEATH a. COUNTY		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>St. Louis, Missouri</b>		c. LENGTH OF STAY (in this place) <b>2 Hours</b>	c. CITY OR TOWN <b>St. Louis, Mo</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>City Hospital, St. Louis, Mo.</b>		d. is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Samuel</b> b. (Middle) <b>T.</b> c. (Last) <b>Medley</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>August 5, 1953</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed.</b>	8. DATE OF BIRTH <b>10-15-1886</b>
9. AGE (In years) (last birthday) <b>66</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Painter</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Painter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Bo-Mont Paint Co.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>Sam. Medley</b>		13b. MOTHER'S MAIDEN NAME <b>Maggie Henderson</b>	14. NAME OF HUSBAND OR WIFE <b>Deceased</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Sametta Key, 4136 McRee, St. Louis, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Multiple Fractures, pelvis, chest; Aspiration (blood) Pneumonitis, suffered when deceased fell from roof to porch below while working at 2301 Lafayette Ave. about 8:25 am, Aug 5 1953</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Accident</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) <b>Building</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Mo</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Aug 5 53 1953</b>	21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>E 902-3</b>	
22. I hereby certify that I attended the deceased from <b>12:15</b> p.m. to <b>1:00</b> p.m., 19 <b>53</b> , that I last saw the deceased alive on <b>19</b> , and that death occurred at <b>1:00</b> p.m., from the causes and on the date stated above. <b>9</b>			
23a. SIGNATURE <b>Patrick L. Taylor, M.D.</b>		23b. ADDRESS <b>1300 Clark</b>	23c. DATE SIGNED <b>8-7-53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>8-7-53</b>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <b>Desota, Missouri</b>
DATE REC'D BY LOCAL REG. <b>AUG 7 1953</b>	REGISTRAR'S SIGNATURE <b>J. C. Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>McLaughlin Funeral Home, Inc.</b>	

(Licensed Embalmer's Statement on Reverse Side) 2301 Lafayette, St. Louis, Mo.

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

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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *James R. Chapman*  
Licensed Embalmer No. *450*  
P. O. Address *St. Louis*

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.