

THE DIVISION OF HEALTH OF THE STATE OF KENTUCKY  
STANDARD CERTIFICATE OF DEATH

For **1307**  
State File No. **10842**  
Registrar's No. \_\_\_\_\_

FILED NOV 27 1953

318

1003

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Kentucky</b> b. COUNTY _____	
b. CITY OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>Paducah</b>	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) <b>Rt # 1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis Children's Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Blackie Monroe</b> b. (Middle) <b>Vinson</b> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <b>11 - 14 - 53</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Dec 1, 1952</b>		9. AGE (In years last birthday) <b>11</b> MONTHS <b>14</b> DAYS _____ HRS. _____ MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>L</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Paducah Kentucky</b>	
12. CITIZEN OF WHAT COUNTRY? _____					

13a. FATHER'S NAME <b>Stanley Vinson Jr.</b>		13b. MOTHER'S MAIDEN NAME <b>Juanita Brown</b>		14. NAME OF HUSBAND OR WIFE _____	
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 <b>H. Braun</b> ADDRESS <b>500 S. Kings Highway</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* (a) <b>Meningitis</b>			INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES 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.			

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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? <b>3400</b>		

22. I hereby certify that I attended the deceased from **11-14**, 19**53**, to **11-14**, 19**53**, that I last saw the deceased alive on **11-14**, 19**53**, and that death occurred at **2:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>John C. Nerweg</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Children's Hospital</b>		23c. DATE SIGNED <b>11-16-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>11-14-1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Coles Camp Ground</b>	
24d. LOCATION (City, town, or county) (State) <b>Murray Kentucky</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Frank Meese</b> ADDRESS <b>Grant City</b>			
DATE REC'D BY LOCAL REG. <b>NOV 16 1953</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>			

(Licensed Embalmer's Statement on Reverse Side)

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.....

..... Student Embalmer No. ....

.....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

*Charles E. Mercer*

Licensed Embalmer No. *2988*

P. O. Address *Granite City, Pa.*

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.