b. CITY (If credits corporate limits, write BURAL and give covamble) OR ON St. LOUIS, MO OR ON St. LOUIS OR ON	11				LITH OF MIS				452	210
PLACE OF DEATH	FILED JAN 1	9 1954	SIANDARD		CALE OF	DEATH 1)()3 State	File No	400)
a. COUNTY D. CITY (If outside compares to Builta, write RURAL and give to mentality) D. CITY (If outside compares to Builta, write RURAL and give to mentality) TOWN St. Louis, Mo d. FULL NAME OF (If so in boordial or institution, give streat actions or homotopy MOSPITAL ADDRESS 1406 g. N. Bucilia AV STREET ADDRESS 1406 g. N. Bucilia AV STREET 1406 g. N. Bucilia AV STREET 1406 g. N. Bucilia AV DATE (Month) (Day) (Year) OFF DECREASED (Type or Print) HOTTERS S. SEX Regnal G. COLDR OR RACE [7. MARRIED, NEVER MARRIED, Wild OW ord Off DECRET (Month) (Day) (Year) Wild OW ord Off DECRET (Month) (Day) (Year) Beguing of street of the street			REG. DIST. NO	<u>318,</u>	RIMARY REG. D	IST. NO	Regi	strar's No	الحالا	702
D. CITY (If concide corporate limbs, write RURAL and give correlation) OR OR OR OR St. Louis & Moo Comments of the state of the comments of the state of the sta		Ϋ́Н			a. STATE				tution: resi	admission).
d. Fill. NAME OF it as in hearists of maintaining, site state address or location. Hospital or hospital or hospital or hospital hospital or hospital or hospital or hospital or hospital hospital hospital or hospital hospital hospital or hospital hospital or hospital hospital or hospital h	OR	_		ENGTH OF Y (in this place)	OR		, write RURAL a	ad give towns	hip)	Ó
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5. SEX SEX SEX SEX SEX SEX SEX SEX			b. (Mid	dle)		men	4. DATE OF DEATH	•		
10. SUBLA OCCUPATION (Circulated of code and service) and continuous of working life, even if redead and service) Soil T - employed St. Louis, Missouri Country? Soil T - employed St. Louis, Missouri Country? U.S. A. 13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 13b. MOTHER'S MAIDEN NAME 13b. MOTHER'S MAIDEN NAME 15c. Louis, Missouri Country U.S. A. 15c. Louis St. Louis, Missouri Country U.S. A. 15c. Louis St. Louis, Missouri Country U.S. A. 15c. Louis, Missouri Country C	5. SEX 2 6.	COLOR OR RACE		MARRIED, ED (Specify)	8. DATE OF BIRT	тн	last birthday)	ATE OF LINEDEDR 1	YEAR IF t	NOER M HRS.
ALCIDENT COLORS OF DEATH OF THE SIGNATURE OF COUNTY OF C	a. USUAL OCCUPATION)N (Clive kind of work ng life, even if retired)	10b. KIND OF BUSIN	DUSTRY	11. BIRTHPLACE	(State or foreign o			COUNTR	Y7
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 18. SOCIAL SECURITY 19. NO. 10. NO.							ME OF HUSBAN	D OR WIFE		<u> </u>
B. CAUSE OF DEATH Inter only one omesse per late of (a), (b), and (c) This does not mean at mode of dying, such later only one cause (a) dating the the above cause (a) dating the the above cause (a) dating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS on the cause of the disease or condition causing death. III. OTHER SIGNIFICANT CONDITIONS OF OPERATION III. OTHER SIGNIFICANT CONDITIONS OF OPERATION III. ACCIDENT LABORATO FINDINGS OF OPERATION III. OTHER SIGNIFICANT CONDITIONS OF OPERAT	. WAS DECEASED EVE	R IN U.S. ARMED F	ORCES? 16. SOCIAL	SECURITY				IAME	AD	DRESS
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Adopted conditions, if any, giving DUESES (Beffice the mode of thing, such as bear failure, astherain, side. It means the distance, injury, or compilication which caused death. 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 120. AUTOPAY: 121. PLACE OF INJURY (s.g., in or about Homeline) 121. ACCIDENT (Special), (Day) (Year) (Elout), 21c. INJURY OCCURRED (INJURY OCCURRED NORTH HOMELINE) 121. TIME (Month) (Day) (Year) (Elout), 21c. INJURY OCCURRED WHILE AT WORK AT WOR	Enter only one course per line for (a), (b), and (c) This does not mean the mode of dying, such the mode of dying, such as heart failure, asthenia, etc. It means the discourse for the underlying cause last.							ND DEATH		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition counting death. 20. AUTOPSY?								···		
TION 21a. ACCIDENT (Breck!) 21b. PLACE OF INJURY (e.g., in or about SUIGNOR Law Indices of the property of the power of		Conditions contrib	uting to the death but not	Dec	9 6	955,	as	aut	400	pine
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INJURY Le 5 53 40 m. WHILE AT WORK AT	SUIGIDE A A	(Brack)	PID. PLACE OF INJURY (e.g., in or about	21c. (CITY, TOWN	i, or townshii	n . «	OUNTO) o (ST	ATE)
alive on 19, and that death occurred at 0.55m., from the causes and on the date stated above. 2 / 23a. BIGNATURE (Propose or title) 23b. ADDRESS Claim 22c. DATE SIGNED 22c. DAT	OF /		21e. INJURY WHILE AT WORK		21f. HOW DID IN	JURY OCCURT			F	7040
23a. BURIAL. CREMA- 12 23/53 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Oity, town, or county) 25. FUNERAL DIRECTOR'S SIGNATURE DEC 2 2 1953 25. DATE SIGNED 26. NAME OF CEMETERY OR CREMATORY 27. NAME OF CEMETERY OR CREMATORY 28. BURIAL. CREMA- 12 24d. LOCATION (Oity, town, or county) (State) 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. W. Ro Derts 1416 N. Taylor Ave.			he deceased from , and that death g	ocurred at	055 Fm., fr	om the causes	, 19, and gn the	that I last date stated	saw the labove.	
DITIAL 12/23/53 Calvary Cemetery St. Louis, Missouri DATE REC'D BY LOCAL RESISTEAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS DEC 2 2 1953 Calvary Cemetery St. Louis, Missouri 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS OEC 2 2 1953 Calvary Cemetery St. Louis, Missouri OEC 2 2 1953 Calvary Cemetery St. Louis, Missouri OEC 2 2 1953 Calvary Cemetery St. Louis, Missouri OEC 2 2 1953 Calvary Cemetery St. Louis, Missouri OEC 2 2 1953 Calvary Cemetery St. Louis, Missouri OEC 2 2 1953 Calvary Cemetery St. Louis, Missouri OEC 2 2 1953 Calvary Cemetery St. Louis, Missouri OEC 2 2 1953 Calvary Cemetery St. Louis, Missouri OEC 2 2 1953 Calvary Cemetery St. Louis, Missouri OEC 2 2 1953 Calvary Cemetery St. Louis, Missouri OEC 2 2 1953 Calvary Cemetery St. Louis, Missouri OEC 2 2 1953 Calvary Cemetery St. Louis, Missouri OEC 2 2 1953 Calvary Cemetery St. Louis, Missouri OEC 2 2 1953 Calvary Cemetery St. Louis, Missouri OEC 2 2 1953 Calvary Cemetery St. Calvary Cemetery		1 1 /2		77	23b. ADDRESS 1300	Clas	ed.		23c. DAT	
DEC 22 1953 Carl And M. Roberts 1416 N. Taylor Ave.	24a. BURIAL. CREMA TION REMOVAL (Break)	245 DATE 12/23/53	11 1	y Cemete	ry	St.Lo	uis,Miss		ty)	(State)
		RESISTRAR'S S	IGNATURE -	e mo					DRESS .	
) (Licensed	Embalmer's St						•

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.	$\bigcap_{i} \bigcap_{j} \bigcap_{i} \bigcap_{j} \bigcap_{j} \bigcap_{i} \bigcap_{j} \bigcap_{i} \bigcap_{j} \bigcap_{i} \bigcap_{j} \bigcap_{i} \bigcap_{j} \bigcap_{j} \bigcap_{i} \bigcap_{j} \bigcap_{i} \bigcap_{j} \bigcap_{j} \bigcap_{j} \bigcap_{i} \bigcap_{j} \bigcap_{j$								
, , , , , , , , , , , , , , , , , , ,	Signed Turnes U. Carles								
Student Embalmer	Licensed Embalmer No. # 8								

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.