

FILED MAY 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13157**
Registrar's No. **3943**

BIRTH NO. _____		REG. DIST. NO. 6001		PRIMARY REG. DIST. NO. 81E		State File No. 13157		Registrar's No. 3943	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)		c. LENGTH OF STAY (In this place) 15 yrs.		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital				e. STREET ADDRESS 468 a Cottage		2119			
3. NAME OF DECEASED (Type or Print) a. (First) Eugene			b. (Middle) James		c. (Last) Baskins		4. DATE OF DEATH (Month) (Day) (Year) April 29, 1954		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Separated	8. DATE OF BIRTH 12/26/1920		9. AGE (In years last birthday) 33	IF UNDER 1 YEAR Months 4	IF UNDER 1 YEAR Days 3	IF UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Filling Sta. Attendant			10b. KIND OF BUSINESS OR INDUSTRY Arrow Engine		11. BIRTHPLACE (City and State or Foreign Country) Houston, Mississippi		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Elifah Hatchett			13b. MOTHER'S MAIDEN NAME Evelyn Baskett		14. NAME OF HUSBAND OR WIFE Unknown				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 425-24-2962		17. INFORMANT'S SIGNATURE OR NAME John Baskin, ADDRESS 3943 Page Blvd.				
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) Hodgkins Disease INTERVAL BETWEEN ONSET AND DEATH Undt. ANTECEDENT CAUSES DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 type="checkbox"/> NO <input checked="" 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) 201X					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from Mar. 28 , 1954, to Apr. 29 , 1954, that I last saw the deceased alive on Apr. 29 , 1954, and that death occurred at 1:00 pm. , from the causes and on the date stated above.									
23a. SIGNATURE E. J. Williams, (Degree or title) M. D.				23b. ADDRESS 2601 N. Whittier			23c. DATE SIGNED 4/30/54.		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5/4/1954	24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.				
DATE REC'D BY LOCAL REG. MAY 1 1954		REGISTRAR'S SIGNATURE J. Earl Smith MD			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Charles J. Gates, 4107 Finney Ave.				

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.....
Signature of Student Embalmer

Signed *Arthur L. Heilich*.....

Licensed Embalmer No..... 427

P. O. Address... 4107 Finne

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.