

FILED APR 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13603**
3659
Registrar's No. **2219**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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 township) OR TOWN ST. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Peoples Hospital		d. STREET ADDRESS (If rural, give location) 2728, Delmar Blvd.	

3. NAME OF DECEASED (Type or Print)	a. (First) L	b. (Middle) A	c. (Last) Ireland	4. DATE OF DEATH (Month) (Day) (Year) 4/ 19/ 1954
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5. SEX Male	6. COLOR OR RACE COL.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1 / 6 / 1903	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) 51 3 13
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soda Bottler	10b. KIND OF BUSINESS OR INDUSTRY MooreBro. Bottling	11. BIRTHPLACE (City and State or Foreign Country) Crawford Mississippi	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Dolph Ireland	13b. MOTHER'S MAIDEN NAME Jannie Orr	14. NAME OF HUSBAND OR WIFE Adelia Ireland
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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. 703-01-2170	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Adelia Ireland, 2728, Delmar Blvd
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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) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ruptured Aortic DUE TO (c) Aneurysm II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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) 022X
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **10:50 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Patrick L Taylor Coroner	23b. ADDRESS 1300 Clark Av	23c. DATE SIGNED 4/21/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4/24/54	24c. NAME OF CEMETERY OR CREMATORY Oakland Baptist Cemetery	24d. LOCATION (City, town, or county) (State) Crawford Mississippi
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DATE REC'D BY LOCAL REG. APR 28 1954	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. J. Houston 2616, No. Garrison Ave.
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(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

Leroy W. Pannister

Licensed Embalmer No. *3880 East*

P. O. Address *4523*

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.