

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2613**

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. LENGTH OF STAY (In this place) _____
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Louis City Hospital**
e. STREET ADDRESS (If rural, give location) **20 2710 N. Market St. 2209**

3. NAME OF DECEASED a. (First) **John** b. (Middle) **R.** c. (Last) **Neighbors** 4. DATE OF DEATH (Month) (Day) (Year) **March 20, 1954**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **Oct. 4, 1932** 9. AGE (In years last birthday) Months Days If under 1 year If under 1 min. **21**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Attendant** 10b. KIND OF BUSINESS OR INDUSTRY **Filling Station** 11. BIRTHPLACE (City and State or Foreign Country) **Alto Pass, Ill.** 12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **Dea Neighbors** 13b. MOTHER'S MAIDEN NAME **Viola Adams** 14. NAME OF HUSBAND OR WIFE **Betty**

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. **Unknown** 17. INFORMANT'S SIGNATURE OR NAME **Charles Neighbors** ADDRESS **3702 Laclede Ave.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Internal Hemorrhage from ruptured liver, suffered in collision between car operated by deceased and car operated by one Roosevelt Sturgill (col)** INTERVAL BETWEEN ONSET AND DEATH _____
ANTECEDENT CAUSES **Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.**
II. OTHER SIGNIFICANT CONDITIONS **at intersection of Jefferson with North Market Street about 945 am March 20 1954**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **945 am March 20 1954 Accident** 20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) **Accident** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) **Street** 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **St. Louis Mo**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **Mar 20 54 9:45** 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **see E 816.4**

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 **10:5A** m., from the causes and on the date stated above. **26**

23a. SIGNATURE (Degree or title) **Patricia Taylor Coroner 2** 23b. ADDRESS **1300 Clark** 23c. DATE SIGNED **3-22-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **3-20-54** 24c. NAME OF CEMETERY OR CREMATORY _____ 24d. LOCATION (City, town, or county) (State) **Alto Pass, Ill.**

DATE REC'D BY LOCAL REG. **MAR 22 1954** REGISTRAR'S SIGNATURE **J. Carl Smith MD** 25. FUNERAL DIRECTOR'S SIGNATURE **Albert H. Hoppe** ADDRESS **4700 Washington Blvd.**

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.....
Fred J. Fanner

Licensed Embalmer No. *476*

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.