

No. 200  
10-48

FILED AUG 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24621

State File No. \_\_\_\_\_

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 6893

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) CITY OR TOWN St. Louis		d. In 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 Phillips Hospital		e. STREET ADDRESS (If rural, give location) 2425a Belle Glade 21190			

3. NAME OF DECEASED (Type or Print) a. (First) Percy b. (Middle) c. (Last) Hampton Jr.			4. DATE OF DEATH (Month) (Day) (Year) 7 - 22 - 54		
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child	8. DATE OF BIRTH July 14, 1949	9. AGE (In years last birthday) 5	10. Months	11. Days	12. Hours	13. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Percy Hampton	13b. MOTHER'S MAIDEN NAME Ellose Battee	14. NAME OF HUSBAND OR WIFE None
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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) Non	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Ellose Hampton	ADDRESS 2425a Belle Glade
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* INTERNAL HEMORRHAGE FROM LACERATION OF LUNG; ST. OF CBS, SUFFERED WHEN CAR OPERATED BY J.B. GANDRICH (CAL) WENT OUT OF CONTROL AFTER GANDRICH HAD FALLEN FROM CAR, AND STRUCK DECEASED WHILE ON STEPS IN FRONT OF CAR.		
*ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition directly leading to death.	

19a. DATE OF OPERATION about 4:45 pm July 22 1954	19b. MAJOR FINDINGS OF OPERATION 56 St Ferdinand Ave.,	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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
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21d. TIME OF INJURY July 22 54 47 <sup>5</sup> a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? OOD
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22 I hereby certify that I attended the deceased from 1950, to 1954, that I last saw the deceased alive on 1954, and that death occurred at 4:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE Stuck & Taylor Cosmet	23b. ADDRESS 300 Clark Ave	23c. DATE SIGNED 7/26/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 7/26/54	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUL 26 1954 REG Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE & ADDRESS G. Wade Granberry 4202 Finney
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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..... *M. L. Green*

Licensed Embalmer No. *44*

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.