

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25546**  
Registrar's No. **1819**

FILED AUG 11 1954

BIRTH NO. --- REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541**

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

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clayton</b>		c. LENGTH OF STAY (In this place) <b>D.O.A.</b>		c. CITY OR TOWN <b>Rock Hill</b> <b>4631</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis County Hospital</b>			e. STREET ADDRESS (If rural, give location) <b>9215 Merritt Ave.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>LOYD</b> b. (Middle) <b>C</b> c. (Last) <b>JUMPER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 24, 1954</b>			
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>5-2-1948</b>	9. AGE (In years last birthday) <b>6</b>	# UNDER 1 YEAR: Months <b>2</b> Days <b>22</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Nil</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Charles Jumper</b>		13b. MOTHER'S MAIDEN NAME <b>Betty Goforth</b>		14. NAME OF HUSBAND OR WIFE <b>NONE</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Charles Jumper, above</b>		
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.		Internal MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) / <b>Injuries received when struck by</b>			INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
		DUE TO (b) <b>a piece of wall-board thrown by</b>				
		DUE TO (c) <b>a playmate at a railroad siding</b>				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
		<b>near his home</b>				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Railroad siding</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <b>Rock Hill, Mo.</b> (STATE) <b>St. Louis, Mo.</b>		
21d. TIME OF INJURY <b>July 24, 1954</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Accidentally struck by a piece of wall-board</b>		
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 _____ m., from the causes and on the date stated above.						
23a. SIGNATURE <b>Arnold J. Willmann</b> (Degree or title) <b>Coroner</b>			23b. ADDRESS <b>Clayton, Mo.</b>		23c. DATE SIGNED <b>7-27-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>7-27-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Lebanon Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>7/26/54</b>		REGISTRAR'S SIGNATURE <b>Heber D. Sombke</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>RAY B. SMITH, Maplewood, Mo.</b>		

✓ 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 *Bill Branson*

Licensed Embalmer No. *4764*

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.