

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

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

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1475

1. PLACE OF DEATH a. COUNTY St. Louis, County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside county, give name and give township) c. LENGTH OF STAY (in this place) OR TOWN [redacted] DOA		c. CITY OR TOWN #1910 Belairge	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis, County, Hospital.		e. STREET ADDRESS (If rural, give location) 9100 Wood Avenue.	

3. NAME OF DECEASED (Type or Print)	a. (First) Billie	b. (Middle) Gene	c. (Last) Medlock	4. DATE OF DEATH (Month) (Day) (Year) June 23, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Aug 8, 1938	9. AGE (In years last birthday) 16	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter Apprentice	10b. KIND OF BUSINESS OR INDUSTRY Reinger & Sipe	11. BIRTHPLACE (City and State or Foreign Country) Pougkeepsie, Arkansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Loe Medlock	13b. MOTHER'S MAIDEN NAME Beechie Watkins	14. NAME OF HUSBAND OR WIFE Nil
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) Nil	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Loe Medlock, 9100 Wood Avenue.	ADDRESS
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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 (a) Asphyxia by drowning while swimming in a pool of water south of the Kratz Airport off of Highway 40. Body was recovered by John Corley and Paul Yahn of St. Charles and pronounced dead at 6:50 P.M. by Dr. H.E. HENGEN of Pattonville.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Back water of Mo. River	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Pattonville St. Louis Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6/23/54 5:15 P.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Drowning
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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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE Arnold J. Willmann	(Degree or title) Coronet	23b. ADDRESS Clayton, Mo.	23c. DATE SIGNED 6/25/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6-24-54	24c. NAME OF CEMETERY OR CREMATORY Local	24d. LOCATION (City, town, or county) (State) Bono, Arkansas.
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DATE REC'D BY LOCAL REG 6/24/54	REGISTRAR'S SIGNATURE Herbert S. [redacted]	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	ADDRESS 4700 Washington.
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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.....
Licensed Embalmer No. 419
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.