FILED AUG 11 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25585

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1747

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Clayton
c. LENGTH OF STAY (in this place) D.O.A.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Des Peres 4750
d. STREET ADDRESS (If rural, give location) 11692 Manchester

3. NAME OF DECEASED (Type or Print)
a. (First) Lowell
b. (Middle) B.
c. (Last) Tackett

4. DATE OF DEATH (Month) (Day) (Year) July 19 1954

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH Feb 27 1915
9. AGE (In years last birthday) 39 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Orderly
10b. KIND OF BUSINESS OR INDUSTRY Nursing Home
11. BIRTHPLACE (City and State or Foreign Country) Texas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Alvie Tackett
13b. MOTHER'S MAIDEN NAME Jewell Jones
14. NAME OF HUSBAND OR WIFE Divorced

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT'S SIGNATURE OR NAME Alvie Tackett — ADDRESS Dublin Texas

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Internal brain injury, possible fracture of cervical vertebrae.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 9007
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Nursing Home
21c. (CITY, TOWN, OR TOWNSHIP) Kirkwood — (COUNTY) 45 St. Louis — (STATE) Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7/19/54 6 A m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Fell downstairs from second floor to 1st floor in nursing home.

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 (Degree or title) Arnold J. Willmann, Coroner 2
23b. ADDRESS Clayton, Mo.
23c. DATE SIGNED 7/21/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE July 19 1954
24c. NAME OF CEMETERY OR CREMATORY Dublin Cemetery
24d. LOCATION (City, town, or county) Dublin Texas (State)

DATE REC'D BY LOCAL REG. 7/19/54
REGISTRAR'S SIGNATURE Hester R. Somkey
25. FUNERAL DIRECTOR'S SIGNATURE Collier Mortuary — ADDRESS 10123 St. Chas. Rd.

(Licensed Embalmer's Statement on Reverse Side)

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 Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 10123 St. C

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.