

FILED AUG 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29339

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7235**

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

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis 2101</i>		c. LENGTH OF STAY (in this place) _____	
c. CITY OR TOWN <i>St. Louis</i>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Foot of Market St</i>		e. STREET ADDRESS (If rural, give location) <i>Wick 2009</i>	
3. NAME OF DECEASED a. (First) <i>Wick</i> b. (Middle) _____ c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <i>7 59</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Wick</i>	8. DATE OF BIRTH <i>1900</i>
9. AGE (In years) (If under 1 year, last birthday) (Months) (Days) (Hours) (Min.) <i>54</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>Wick</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Wick</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Wick</i>	
12. CITIZEN OF WHAT COUNTRY? <i>9</i>		13a. FATHER'S NAME <i>Wick</i>	
13b. MOTHER'S MAIDEN NAME <i>Wick</i>		14. NAME OF HUSBAND OR WIFE <i>Wick</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or status) (If yes, give year or dates of service) <i>Wick</i>		16. SOCIAL SECURITY NO. <i>Wick</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>F. G. Saylor</i>		ADDRESS <i>1300 Clark</i>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Subjection Due to Drowning,</i> ANTECEDENT CAUSES <i>Man found in Mississippi River</i> DUE TO (b) _____ DUE TO (c) <i>at the Foot of Market St.</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>July 5 1954 about 11:30 AM Cause and</i>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <i>Manner of Cause could not be determined</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____		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 _____, from the causes and on the date stated above. <i>72</i>	
23a. SIGNATURE <i>Joseph M. Jones</i>		23b. ADDRESS <i>11300 Clark</i>	
23c. DATE SIGNED <i>7/24/54</i>		24a. BURIAL/CREMATION, REMOVAL (Specify) <i>Removal</i>	
24b. DATE <i>AUG 4 1954</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Mt. Lebanon Cemetery</i>	
24d. LOCATION (City, town, or county) (State) <i>St. Louis Co., Mo.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>J. Earl Smith M.D.</i>	
DATE REC'D BY LOCAL REG. <i>AUG 4 1954</i>		ADDRESS <i>Peoples Funeral Home, 3100 Franklin</i>	

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 *William D. Black*.....

Not Embalmed.....
Licensed Embalmer No.....
P. O. Address.....

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.