

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

35146

9233

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH  
a. COUNTY St. Louis ~~Missouri~~

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Audrain

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis

c. CITY OR TOWN MEXICO

d. Is Residence within limits of a city or incorporated town? Yes  No

c. LENGTH OF STAY (in this place) 11 hours

e. STREET ADDRESS (If rural, give location) 615 YALE 6043

3. NAME OF DECEASED  
a. (First) KIM b. (Middle) CORDAI c. (Last) BLACK

4. DATE OF DEATH (Month) (Day) (Year) Oct. 11 1954

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED

8. DATE OF BIRTH Aug. 8, 1952

9. AGE (in years last birthday) 2 yrs.  UNDER 1 YEAR  UNDER 4 HRS.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) MEXICO, MISSOURI

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME MR. Buddy Black

13b. MOTHER'S MAIDEN NAME Appling

14. NAME OF HUSBAND OR WIFE NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. \_\_\_\_\_

17. INFORMANT'S SIGNATURE OR NAME ADDRESS J. Donahoe 500 S. Kingshighway

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) Hans-Schuller-Christian Disease  
INTERVAL BETWEEN ONSET AND DEATH 18 mo.  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving DUE TO (b) \_\_\_\_\_  
rise to the above cause (a) stating the underlying cause last.  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? 289.0

22. I hereby certify that I attended the deceased from Oct. 10, 1954 to Oct. 11, 1954, that I last saw the deceased alive on Oct. 11, 1954, and that death occurred at 12:30pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. L. J. Smith M.D.

23b. ADDRESS 500 South Kingshighway

23c. DATE SIGNED 10-11-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 10-11-54

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State) Mexico, Missouri.

DATE REC'D BY LOCAL REG. OCT 11 1954

REGISTRAR'S SIGNATURE Carl Smith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington

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 *Robert M. Murray*.....

Licensed Embalmer No..... *37*

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.