

FILED NOV 22 1954

STANDARD CERTIFICATE OF DEATH

State File No. **39350**
9706

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No.

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

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute Homer G. Phillips		d. STREET ADDRESS (If rural, give location) 3737 Evans Ave.	
3. NAME OF DECEASED (Type or Print) Damon		a. (First) Damon	b. (Middle)
		c. (Last) White Jr.	4. DATE OF DEATH (Month) (Day) (Year) 10-23-1954
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11-7-1931
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY None	9. AGE (In years last birthday) 23
			IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.
11a. BIRTHPLACE (State or foreign country) Mississippi		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Damon White Sr.		13b. MOTHER'S MAIDEN NAME Emily Collins	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. W.V.11	17. INFORMANT'S SIGNATURE AND ADDRESS Damon White Sr. 3737 Evans Ave.
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Fractures of Skull Fracture of Brain, suffered when car operated by Leach (col) in which deceased was a passenger went out of control on Mc Kinley Bridge falling down from side about 4:07 am Oct 23, 1954 Criminal Carelessness	
		INTERVAL BETWEEN ONSET AND DEATH	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death or related to the disease or condition caused death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. INCIDENT Criminal Carelessness		21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) Bridge	
21a. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 23 54 4:07		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) St Louis Mo.	
		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
		21f. HOW DID INJURY OCCUR 000 E8234	
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 4:30 P m., from the causes and on the date stated above. 31			
23a. SIGNATURE Patrol Taylor Cozart		23b. ADDRESS 1300 Clark	
		23c. DATE SIGNED 10.25.54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-29-54	
		24c. NAME OF CEMETERY OR CREMATORY National Cemetery	
		24d. LOCATION (City, town, or county) (State) Jefferson Barracks Missouri	
DATE REC'D BY LOCAL REG. OCT 26 1954		REGISTRAR'S SIGNATURE J. Earl Smith m.d.	
		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Ellis Funeral Home 2820 Stoddard St.	

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

Fulton S. Carlisle

Licensed Embalmer No. 498

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