

BIRTH NO. _____

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN Clayton
c. LENGTH OF STAY (in this place) 2 Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY _____
c. CITY OR TOWN St. Louis
d. Is Residence within limits of a city or incorporated town? Yes No
STREET ADDRESS (If rural, give location) 5606 Lotus Ave. 2069

3. NAME OF DECEASED (Type or Print)
a. (First) Armin b. (Middle) _____ c. (Last) Needham

4. DATE OF DEATH (Month) (Day) (Year) 11-20-54

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 7-17-1927 9. AGE (In years last birthday) 27 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) Mechanic 10b. KIND OF BUSINESS OR INDUSTRY Auto Body Work

11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Howard Needham 13b. MOTHER'S MAIDEN NAME Edith Robertson 14. NAME OF HUSBAND OR WIFE Ida Needham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 6/28/46 - 5/4/48 16. SOCIAL SECURITY NO. 494-26-4678 17. INFORMANT'S SIGNATURE OR NAME Mrs. Ida Needham ADDRESS 5606 Lotus Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intracranial hemorrhage INTERVAL BETWEEN ONSET AND DEATH 2 hrs

ANTECEDENT CAUSES

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

DUE TO (b) Cerebral concussion 2 hrs

DUE TO (c) Skull fracture 2 hrs

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Laceration face & scalp 2 hrs

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 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.) Vacation Home 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) OVERLAND 140 ST. LOUIS MO.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11-20-54 7 p.m. 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? WRECKING, COLLAPSED AND FELL ON HIM

22. I hereby certify that I attended the deceased from 11-20, 1954, to 11-20, 1954, that I last saw the deceased alive on 11-20, 1954, and that death occurred at 10:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE Walter L. Nixon MD (Degree or title) 23b. ADDRESS 601 S. Brentwood 23c. DATE SIGNED 11/21/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 11/24/54 24c. NAME OF CEMETERY OR CREMATORY Bethany Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

DATE REC'D BY LOCAL REG. 11/23/54 REGISTRAR'S SIGNATURE Richard R. Hurrell, MD 25. FUNERAL DIRECTOR'S SIGNATURE Drehmann-Harral ADDRESS 1905 Union Blvd.

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

WRITE PLAINLY—USING UNFADING BLACK INK

Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ONSET AND DEATH _____

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. _____

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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE _____ (Degree or title) 23b. ADDRESS _____ 23c. DATE SIGNED _____

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 11/24/54 24c. NAME OF CEMETERY OR CREMATORY Bethany Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis County Mo.

DATE REC'D BY LOCAL REG. 11/23/54 REGISTRAR'S SIGNATURE Richard R. Hurrell, MD 25. FUNERAL DIRECTOR'S SIGNATURE Drehmann-Harral ADDRESS 1905 Union Blvd.

MS
MAR 28 1960

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.....

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.

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. 425

P. O. Address H. Jones

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.

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