

FILED AUG 2 - 1955

STANDARD CERTIFICATE OF DEATH

State File No. _____
5835

BIRTH NO. 38485-55 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis Mo</u>			c. CITY OR TOWN <u>St Louis</u>		b. COUNTY <u>St Clair</u>
c. LENGTH OF STAY (in this place)			d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>92</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>St Marys Infirmary</u>			e. STREET ADDRESS (If rural, give location) <u>212 S 6th St</u>		

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Daryl</u>	b. (Middle) <u>Kenneth</u>	c. (Last) <u>Carlisle</u>	<u>6-4-55</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>negro</u>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>6-3-55</u>	9. AGE (in years last birthday)	# UNDER 1 YEAR Months <u>6hrs</u>
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) <u>St Louis Mo</u>	
13a. FATHER'S NAME <u>Albert Carlisle</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Coleman</u>		14. NAME OF HUSBAND OR WIFE	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Lucy Carlisle</u>		ADDRESS	
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premortality 26 weeks</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pleura Separation</u> 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 <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? <u>7615</u>	

22. I hereby certify that I attended the deceased from Jan 1955, to June 4, 1955, that I last saw the deceased alive on 6-4-55, 1955, and that death occurred at 1:15 a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edwin F. Workman M.D.</u>		23b. ADDRESS <u>930 N LINDA ST</u>		23c. DATE SIGNED <u>6/8/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>7-30-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>	
				24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>JUL 7 1955</u>		REGISTRAR'S SIGNATURE <u>Carl Smith MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>St. Louis 20, Mo.</u>		ADDRESS <u>4104 Manchester Ave.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.**