

FILED SEP 6 1955

STANDARD CERTIFICATE OF DEATH

State File No. 28239  
Registrar's No. 7240

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. 1003

1. PLACE OF DEATH a. COUNTY		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 OR TOWN St. Louis	
c. LENGTH OF STAY (in this place)		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 6th & Locust St.		STREET ADDRESS (If rural, give location) 3851 Kennerly Avenue	

3. NAME OF DECEASED (Type or Print)	a. (First) Sylvester	b. (Middle) Townsend	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
				8 14 1955

5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4-4-1910	9. AGE (In years last birthday) 45	IF UNDER 1 YEAR Months 4 Days 10	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Alco Wrecking Co.	11. BIRTHPLACE (City and State or Foreign Country) Mississippi	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Willie Townsend
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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. 427-56-0948	17. INFORMANT'S SIGNATURE OR NAME Willie Townsend	ADDRESS 2952 Sheridan
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: Fractured Spine with severance of Cord; Bilateral Fractured Ribs of Cerv; Bilateral Fractured Ribs of Thorax with collapse of the lungs; Fractured Pelvis. Depress of Skull		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) fracture, suffered when deceased was knocked from 5th fl. of Bldg. surrounded below, while working.		
19a. DATE OF OPERATION 11 50 am.		19b. NAME OF OPERATOR Dr. Earl Smith	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 6th & Locust St.	21c. (CITY, TOWN, OR TOWNSHIP) St. Louis (COUNTY) Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8 14 1955 11:30	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 902.6

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 11:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE Joseph M. Johnson Deputy Registrar	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 8/19/55
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24a. BURIAL CREMATION, REMOVAL (Specify) Removal	24b. DATE 8-19-55	24c. NAME OF CEMETERY OR CREMATORY Shipped to Cleveland, Mississippi	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. AUG 19 1955	REGISTRAR'S SIGNATURE J. Earl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Peoples Und. Co.	ADDRESS 3100 Franklin Av.
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E.P. (Licensed Embalmer's Statement on Reverse Side)

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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Arthur S. Williams*

Licensed Embalmer No. *425*

P. O. Address *4524 A*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F  
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.