

FILED OCT 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31711**
Registrar's No. **8494**

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

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

1. PLACE OF DEATH a. COUNTY St. Louis Mo		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis Mo		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION Foot of Davis St		e. STREET ADDRESS (If rural, give location) Tark	

3. NAME OF DECEASED (Type or Print) a. (First) Wm b. (Middle) _____ c. (Last) Wink	4. DATE OF DEATH (Month) 8 (Day) 8 (Year) 1955
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH abt 1900	9. AGE (In years last birthday) abt 55	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, when retired) Wink	10b. KIND OF BUSINESS OR INDUSTRY Wink	11. BIRTHPLACE (City and State or Foreign Country) Wink	12. CITIZEN OF WHAT COUNTRY? Wink
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13a. FATHER'S NAME Wink	13b. MOTHER'S MAIDEN NAME Wink	14. NAME OF HUSBAND OR WIFE Wink
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no (check one)) Wink	16. SOCIAL SECURITY NO. Wink	17. INFORMANT'S SIGNATURE OR NAME F. E. Taylor	ADDRESS 1300 Clark
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Asphyxiation due to drowning when deceased was found		INTERVAL BETWEEN ONSET AND DEATH Wink
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Miss. River, August 8 - 1955		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cause & Manner of Death		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Could not be determined (Open Verdict)	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 000 E 9298
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22. I hereby certify that I attended the deceased from **8:15**, 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 J. Earl Smith, M.D.	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 8/8/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 9-28-55	24c. NAME OF CEMETERY OR CREMATORY Peter Field	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
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DATE REC'D BY LOCAL REG. SEP 28 1955	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE people and co. City of St. Louis	ADDRESS 3166 Franklin
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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

Not embalmed
Lewis C Gibson Rep.
Signed.....
people unds Co.

Licensed Embalmer No.....

P. O. Address.....

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