

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39163

State File No.

FILED DEC 13 1955

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2692

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ukn.</u> b. COUNTY <u>ukn.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>	c. LENGTH OF STAY (in this place) <u>D.O.A.</u>	c. CITY OR TOWN <u>Ukn.</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> <u>?</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Louis County Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>Ukn.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Unknown</u>	b. (Middle)	c. (Last) <u>Male</u>	4. DATE OF DEATH (Month) <u>11</u> (Day) <u>8</u> (Year) <u>55</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>col.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>ukn</u>	8. DATE OF BIRTH <u>ukn</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months _____ Days _____	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) <u>unknown</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>unknown</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ukn</u>	12. CITIZEN OF WHAT COUNTRY? <u>ukn</u>
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13a. FATHER'S NAME <u>ukn</u>	13b. MOTHER'S MAIDEN NAME <u>ukn</u>	14. NAME OF HUSBAND OR WIFE <u>ukn</u>
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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) <u>ukn</u>	16. SOCIAL SECURITY NO. <u>ukn</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>St. Louis County Hosp. 601 S. Brentwood</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple fractures, hemorrhage and shock, suffered while he was walking in the center of Gravois Rd in the 12,000 block, when he was struck by an automobile being operated by Charles T. Brien, High Ridge, Mo.</u>		
	II. OTHER SIGNIFICANT CONDITIONS <u>T. Brien, High Ridge, Mo.</u> 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"/> <u>E8124</u>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>St. Louis</u> (COUNTY) <u>Mo.</u> (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11/8/55 6:34P m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Struck by auto while walking in Gravois Road.</u>
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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) <u>Arnold J. Willmann</u> Coroner	23b. ADDRESS <u>Clayton, Mo.</u>	23c. DATE SIGNED <u>11/18/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Anatomical</u>	24b. DATE <u>11-16-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11-16-55</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Lombard</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Roland Aker Most Les</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.