

FILED NOV 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH39222
State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>547</u>		Registrar's No. <u>2565</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond Heights</u>		c. LENGTH OF STAY (in this place) <u>1 day</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Belleville</u>		8170	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST Mary's Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>617 Abend St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>DAVID</u>			b. (Middle)		c. (Last) <u>McCord</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 2, 1955</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Oct. 23, 1947</u>		9. AGE (In years last birthday) <u>8 yrs</u> IF UNDER 1 YEAR: Months Days IF UNDER 6 MRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grade School</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Belleville Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>L. David McCord</u>			13b. MOTHER'S MAIDEN NAME <u>Althea Green</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>L. D. McCord - 218 Abend - Bel. Ill.</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Skull fracture and brain damage, suffered while riding his bicycle on Rodenmeyer Ave., Belleville, Ill, collided with a westbound tractor-trailer on E. McKinley at the intersection.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>south</u>	
		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 <u>E8130 412</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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>street</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>29</u> (COUNTY) <u>St. Clair</u> (STATE) <u>Ill</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov. 1 1955 m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Bicycle deceased was riding collided with tractor-trail</u>			
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.							
23. SIGNATURE <u>Arnold J. Kullmann, M.D.</u> (Degree or title) ³				23b. ADDRESS <u>Clayton, Mo.</u>		23c. DATE SIGNED <u>11/8/55</u>	
24a. FUNERAL HOME <u>Belleville</u>		24b. DATE <u>Nov. 4, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Belleville Ill</u>	
DATE REC'D BY LOCAL REG. <u>11-3-55</u>		REGISTRAR'S SIGNATURE <u>Herbert B. Dombrowski</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Edgar A. Baldus, Belleville</u>			

Seal (Licensed Embalmer's Statement on Reverse Side)

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

Student Embalmer

Signed

Edgar A. Baldus

Licensed Embalmer No. *2846*

P. O. Address

Belleville, Ill

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 this body is not embalmed, fact should be so stated above.