

FILED JUN 1 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18351

State File No.

BIRTH NO. 82395 55 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4674

| | | | | | |
|---|--|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | c. LENGTH OF STAY (in this place) | | c. CITY OR TOWN <u>St. Louis</u> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Enroute to City Hospital</u> | | e. STREET ADDRESS (If rural, give location) <u>24 3835 South First</u> <u>229/0</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>HANK</u> | | b. (Middle) <u>WILLIAM</u> | | c. (Last) <u>MORALES</u> | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>5 12 56</u> | | 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> | | 8. DATE OF BIRTH <u>9-27-1955</u> | | 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min. <u>6</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Poncho Morales</u> | | 13b. MOTHER'S MAIDEN NAME <u>Alberta Soto</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) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Poncho Morales, 3835 South 1st</u> | | 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Medical Certification</u> | | ADDRESS | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suffocation; suffered</u> | | INTERVAL BETWEEN ONSET AND DEATH | | 19. DATE OF OPERATION | |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>when deceased was wedged in rungs of bed</u> | | 20. AUTOPOST? 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>Home</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) <u>St. Louis Mo</u> (COUNTY) (STATE) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 12 56 ? m.</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>DD</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 <u>1176</u> m., from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE (Name or title) <u>Samuel E. Taylor</u> | | 23b. ADDRESS <u>1300 Clark Ave</u> | | 23c. DATE SIGNED <u>5/14/56</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>5-16-1956</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive Cemetery</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Missouri</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin F.H., Inc.</u> | | ADDRESS <u>2301 Lafayette</u> | |
| DATE REC'D BY LOCAL REG. <u>MAY 14 1956</u> | | REGISTRAR'S SIGNATURE <u>J. Carl Smith</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin F.H., Inc.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

033

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 *James H. Chipman*.....

Licensed Embalmer No. *450*.....

P. O. Address *H. Fair*.....

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.