

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25415

FILED AUG 14 1956

State File No. 1853

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 541		Registrar's No. 1853	
1. PLACE OF DEATH a. COUNTY S.T. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. Louis			
b. CITY (If outside corporate limits, write RURAL and give town/ship) OR TOWN CLAYTON		c. LENGTH OF STAY (in this place) 4 DAYS		c. CITY OR TOWN Overland		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. Louis County Hospital				e. STREET ADDRESS (If rural, give location) 9429 PAGE AVE			
3. NAME OF DECEASED (Type or Print) a. (First) Jenny Sue b. (Middle) Tignor c. (Last) Tignor			4. DATE OF DEATH 7-31-1956				
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH 10-31-1950	9. AGE (In years last birthday) 5	IF UNDER 1 YEAR Months 9 Days -	IF UNDER 2 HRS. Hours - Min. -	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIL		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (City and State or Foreign Country) PORTSMOUTH VA.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Ralph A. TIGNOR		13b. MOTHER'S MAIDEN NAME Jean Cooper		14. NAME OF HUSBAND OR WIFE NONE			
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. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. ARTHUR V. JOHNSON, ABOVE			
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) Contusion + concussion of head ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Trauma DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) SUICIDE HOMICIDE Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street		21c. (CITY, TOWN, OR TOWNSHIP) 140 (COUNTY) 25 (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 30, 56		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR fan between coat & hand pulled into wheel bound on rope			
22. I hereby certify that I attended the deceased from 7-30-1956 to 7-31-1956 that I last saw the deceased alive on 7-31-1956 and that death occurred at 8:15 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE Orn Layno.				23b. ADDRESS Clayton 601 S. Brentwood		23c. DATE SIGNED 7-31-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 8-3-56	24c. NAME OF CEMETERY OR CREMATORY LAYREL-HILL GARDENS		24d. LOCATION (City, town, or county) (State) ST. Louis Co Mo		
DATE REC'D BY LOCAL REG. 8-2-56		REGISTRAR'S SIGNATURE Rebeck K. Nambé		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. B. SMITH - Maplewood 17 Mo.			

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

(Licensed Embroider's Sealment on Reverse Side)

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..... *W C Burgess*

Licensed Embalmer No. 402

P. O. Address *Wayl...*

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.