

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36334

State File No. 9474

FILED NOV 16 1956

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

Registrar's No. 9474

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION DOA Homer G. Phillips Hosp.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) Lonnie		c. (Last) Vanderson	
5. SEX Male		6. COLOR OR RACE Negro	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 9, 1927	
9. AGE (In years last birthday) 29		10. KIND OF BUSINESS OR INDUSTRY Moving Co.	
11. BIRTHPLACE (City and State or Foreign Country) McComb, Mississippi		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Harvey Vanderson		13b. MOTHER'S MAIDEN NAME Jessie Holmes	
14. NAME OF HUSBAND OR WIFE Jessie B. Vanderson		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jessie B. Vanderson 4636 Enright Ave.	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1. Fracture of the skull 2. Subdural b. Hemorrhage of the brain suffered when struck by car operated by one Phillip Baker c. at intersection of Delmar & Walton Aves. 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 about 6:30 am. Oct. 13, 1956 Accident 8/24	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) Acc.	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) See above		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10-13-56 6:30 A. M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? See above		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 7:25 A. M., from the causes and on the date stated above.	
23a. SIGNATURE Homer M. Kelly		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 10-17-56		24a. BURIAL, CREMATION, REMOVAL	
24b. DATE 10/18/1956		24c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Carl Smith 1221 N. Grand	
DATE REC'D BY LOCAL REG. OCT 17 1956		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Carl Smith 1221 N. Grand	

m83 (Licensed Embalmer's Statement 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 *Raymond Prosser*

Licensed Embalmer No. *475*

P. O. Address *1221 N.Y.*

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.