

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6320

FILED FEB 25 1957

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State File No.

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|---|--|--|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____ | | | |
| b. CITY OR TOWN St. Louis | | c. LENGTH OF STAY (in this place) _____ | | c. CITY OR TOWN St. Louis | | 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 City Hospital # 1 | | | | e. STREET ADDRESS (If rural, give location) 3112 N. Taylor Avenue | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) JAMES | | b. (Middle) LEWIS | | c. (Last) IRONS | | 4. DATE OF DEATH (Month) (Day) (Year) Jan. 28, 1957 | |
| 5. SEX Male | | 6. COLOR OR RACE Negro | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH Feb. 21, 1923 | |
| 9. AGE (In years last birthday) 33 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipping Clerk | | 10b. KIND OF BUSINESS OR INDUSTRY Biederman Furn. | | 11. BIRTHPLACE (City and State or Foreign Country) New Madrid, Missouri | |
| 12. CITIZEN OF WHAT COUNTRY? U. S. A. | | 13a. FATHER'S NAME Clarence Irons | | 13b. MOTHER'S MAIDEN NAME Bernice Green | | 14. NAME OF HUSBAND OR WIFE Delores Irons | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War II | | 16. SOCIAL SECURITY NO. 496-12-9986 | | 17. INFORMANT'S SIGNATURE OR NAME Delores Irons ADDRESS 3112 N. Taylor | | | |
| 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) Internal Hemorrhage Ruptured Liver; suffered due to collision between car operated by deceased, and car operated by one James Arnold, Jr., on Missouri side II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Was Arthur Bridges struck 8:56 pm., January 30, 1957. | | | | INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 21. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo. 800 | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident | | 21b. PLACE OF INJURY (as in or about home, factory, office bldg., etc.) Bridge 22 | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo. 800 | | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1 20 57 PM | |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 816.1 26 | | | | | |
| 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 3:56 P.M. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Patrick C. Taylor Casner (Degree or title) 2 | | | | 23b. ADDRESS 1300 Clark | | 23c. DATE SIGNED 1. 30. 57 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 2/1/57 | | 24c. NAME OF CEMETERY OR CREMATORY National Cemetery | | 24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo. | |
| DATE REC'D BY LOCAL REG. JAN 31 '57 | | REGISTRAR'S SIGNATURE Carl Smith MO | | 25. FUNERAL DIRECTOR'S SIGNATURE Charles J. Gates ADDRESS 4107 Finney | | | |

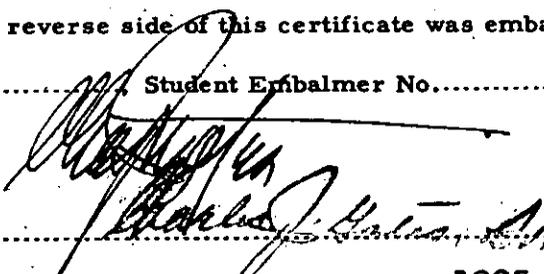
(Licensed Embalmer's Statement on Reverse Side)

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
Signature of Student Embalmer

Signed


Licensed Embalmer No. 1825

P. O. Address 4107 Finney

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.