S. No. 300
v. 10.48

FILED MAR 18 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10487

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1456

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

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis
c. LENGTH OF STAY (In this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 38 D.D.A. HOMER G. PHILLIPS

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO
b. COUNTY
c. CITY OR TOWN St Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐

STREET ADDRESS (If rural, give location) 2259 1623a FRANKLIN

3. NAME OF DECEASED (Type or Print) a. (First) JOHNNIE b. (Middle) c. (Last) JERDINE

4. DATE OF DEATH (Month) 2 (Day) 9 (Year) 57

5. SEX MALE 2
6. COLOR OR RACE NEGRO
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED
8. DATE OF BIRTH 1-16-1923
9. AGE (In years last birthday) 34 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER
10b. KIND OF BUSINESS OR INDUSTRY FURNITURE
11. BIRTHPLACE (City and State or Foreign Country) St Louis, MO
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME SAM JERDINE
13b. MOTHER'S MAIDEN NAME MAXINE THRASHER
14. NAME OF HUSBAND OR WIFE NEVER MARRIED

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WWII
16. SOCIAL SECURITY NO. 487-262812
17. INFORMANT'S SIGNATURE OR NAME ADDRESS NORVELLA SPANN 1623A FRANKLIN

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subdural Hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Suffered when deceased fell down flight of stairs
DUE TO (c) at 1621a Franklin Avenue on February 9th 1957 about 100 p.m.

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 E900.0 .021
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 25 Clarks
21c. (CITY, TOWN, OR TOWNSHIP) St Louis (COUNTY) Mo 1 (STATE)

21d. TIME OF INJURY (Month) Feby (Day) 9 (Year) 57 (Hour) 1 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

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 100 p. m., from the causes and on the date stated above.

23a. SIGNATURE James M. Kelly (Degree or title) Deputy Coroner
23b. ADDRESS 1300 Clark
23c. DATE SIGNED 2-11-57

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
24b. DATE 2-15-57
24c. NAME OF CEMETERY OR CREMATORY WASHINGTON PARK
24d. LOCATION (City, town, or county) St Louis Co. (State) MO.

DATE REC'D BY LOCAL REG. FEB 13 57
REGISTRAR'S SIGNATURE J. Earl Smith M.D. M.J.B.
25. FUNERAL DIRECTOR'S SIGNATURE Bennie Love ADDRESS 3103 Washington

(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 embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Alde

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.