

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16555

FILED MAY 20 1957

STATE FILE NUMBER

Registration District No. 777

Primary Registration District No. 3016

Registrar's No. 150

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City		c. CITY OR TOWN Saint Louis 2069	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 515 Lafayette St		d. STREET-ADDRESS (If outside, give location) 4831 Page Ave	
3. NAME OF DECEASED (Type or print) First LAWRENCE Middle FREDERICK Last GILKEY		4. DATE OF DEATH Month May Day 5th Year '57	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan 4th 1931
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		9b. AGE (In years last birthday) 26	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY College (Linc Univ)	
11. BIRTHPLACE (City and state or country) Saint Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Lula M. Gilkey	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT Korean		Address Cole County Coroner, Jeff City Mo	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Natural Causes - Undetermined</i> DUE TO (b) <i>Awaiting findings of autopsy</i> DUE TO (c) <i>(See atchd statement)</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			INTERVAL BETWEEN ONSET AND DEATH <i>Instant</i>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>5/5/57 Sun. 2 P.M. a person entered room - he was lying across bed - app. asleep - person shut gas heater off - opened window + left. 5/6 at 8:30 A.M. went to awaken him + realized he was dead.</i>	
20c. TIME OF INJURY Hour a.m. Month, Day, Year <i>5/5/1957</i>		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>At home</i>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Jefferson City 121 COUNTY Cole STATE Mo.	
21. I attended the deceased from <i>5/6/57</i> to <i>6 May 1957</i> and last saw him <i>not dead</i> on <i>6 May 1957</i> Death occurred at <i>approx. 9 Am. 5/6/57</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Arthur Alb - Coroner</i>		22b. ADDRESS <i>630 Adams St Jefferson City Mo.</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal - Burial</i>		23b. DATE <i>5-6-57</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>St. Peter's cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis County, Mo.</i>	
24. FUNERAL DIRECTOR <i>Koonce Mortuary, Inc St. Louis, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>6 May 1957</i>	
26. REGISTRAR'S SIGNATURE <i>G.P. Harris, MD - M.R.</i>			

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

of Janner's

MAY 23 1957

JUN 5 1957

JUN 26 1957

JUL 24 1957

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 *Melan Blackburn* .....

Licensed Embalmer No. *396*

P. O. Address *1221 N. 45th St. Lewisville*

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.