FILED JUN 26 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

'57 022394

STATE FILE NUMBER 3725

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY / |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. LOuis — Inside Limits Yes ☐ No ☐ | c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐ |
| c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 38 D.O.A. City Hosp — Length of stay in 1b | 2 STREET ADDRESS (If outside, give location) 2514 Howard Str — Reside on Farm Yes ☐ No ☐ |

| | | | |
|---|---|---|---|
| 3. NAME OF DECEASED (Type or print) | First: Willie | Middle: Mae | Last: Burkett |
| 4. DATE OF DEATH | Month: June | Day: 15. | Year: 1957 |
| 5. SEX: Female | 6. COLOR OR RACE: White | 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ | 8. DATE OF BIRTH: Mar. 8. 1914 |
| 9. AGE (In years last birthday): 43 | 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): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Housework | 11. BIRTHPLACE (City and state or country): Tyler, Texas | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13. FATHER'S NAME: Unknown Massie | | 14. MOTHER'S MAIDEN NAME: Unknown | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: — | 17. INFORMANT: Clayton Burkett — Address: 2514 Howard Str | |

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Subdural Hematoma.

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Following beating suffered at the hands of [illegible]

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☒

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Clayton Burkett in home at 2514 Howard Street, June 15th 1957. E983x

20c. TIME OF INJURY: Hour a. m. p. m. ? Month, Day, Year 6 15 57

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 20 Home

20f. CITY, TOWN, OR LOCATION: St Louis — COUNTY: Mo — STATE:

21. I attended the deceased from ____, to ____ and last saw her/him alive on ____

Death occurred at 1128 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): James M Kelly Deputy Coroner

22b. ADDRESS: 1300 Clark

22c. DATE SIGNED: 6-19-57

| | | | |
|---|---|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify): Burial | 23b. DATE: 6/20/57 | 23c. NAME OF CEMETERY OR CREMATORY: National Cemetery | 23d. LOCATION (City, town, or county) (State): Jefferson Barraks, Mo. |
| 24. FUNERAL DIRECTOR: Stock Mortuary — ADDRESS: 2117 E. Grand. | | 25. DATE RECD. BY LOCAL REG.: JUN 19 57 | 26. REGISTRAR'S SIGNATURE: J. Earl Smith, M.D. S.P. |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed...Paul A. Wachte

Licensed Embalmer No. 4..

P. O. Address St. Lou

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