

FILED JUL 5 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH57 022672
STATE FILE NUMBER
5993

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

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN East St. Louis 8120	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL INSTITUTION St. Louis City Hospital				Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 1707 Exchange	
3. NAME OF DECEASED (Type or print) First William				Middle Bedford		Last Latham	
4. DATE OF DEATH Month Day Year June 26, 1957							
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH June 23, 1921	
9. AGE (In years last birthday) 36		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Mayfield, Ky.	
12. CITIZEN OF WHAT COUNTRY? U.S.							
13. FATHER'S NAME Thomas Latham				14. MOTHER'S MAIDEN NAME Mary Richards			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) Yes		16. SOCIAL SECURITY NO. 40128-2758		17. INFORMANT Thomas Latham,		Address 1320 Sullivan	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Trauma Injury; Aspiration Pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) E936948							INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Suffered prior to March 1957							19. WAS AUTOPSY PERFORMED? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE Open Verdict		20b. DESIGNED HOW INJURY OCCURRED (From source of injury in Part II of Item 18) Car and bus manner; of same		20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. could not be determined		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION St. Louis		COUNTY St. Louis		STATE MO	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 6:55 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Name or title) James M. Kelly				22b. ADDRESS 1300 Black		22c. DATE SIGNED 6-27-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6-26-57		23c. NAME OF CEMETERY OR CREMATORY Lillian Cemetery		23d. LOCATION (City, town, or county) (State) Mayfield, Kentucky	
24. FUNERAL DIRECTOR Albert H. Hoppe, 4700 Washington Blvd.				25. DATE RECD. BY LOCAL REG. JUN 27 '57		26. REGISTRAR'S SIGNATURE Carl Smith MO	

(Licensed Embalmer's Statement on Reverse Side)

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
 by me, or by Student Embalmer No.
 working under my personal supervision.

Student
 Signature of Student Embalmer

Signed *J. W. Binkley*
 Licensed Embalmer No. *36*
 P. O. Address *St. Louis*

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.