

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-007119
State File No. 1803
Registrar's No.

FILED FEB 28 1958

318

1003

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		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 (If outside corporate limits, write RURAL and give township) 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 type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) 25 HOSPITAL OR INSTITUTION St. Louis City Hospital				e. STREET ADDRESS (If rural, give location) 5307 Riverview Blvd.			
3. NAME OF DECEASED (Type or Print) JAMES		a. (First) _____		b. (Middle) O.		c. (Last) DALLAS	
4. DATE OF DEATH (Month) (Day) (Year) Feb. 13, 1958		5. SEX <input checked="" type="checkbox"/> Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Aug 4, 1896		9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Days _____		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY St. Louis City		11. BIRTHPLACE (City and State or Foreign Country) / Oden, Ill		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Charles Dallas		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Mrs. Molly Dallas			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. M. Dallas 5307 Riverview Blvd.			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Aspiration pneumonia ANTECEDENT CAUSES Fracture of the mandible Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) suffered when crushed between frame and bottom of car while working on truck in City Garage (at 100 West Grand Blvd., about 3:15 pm February 7, 1958.				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, factory, highway, street, office bldg., etc.) Garage		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2 7 58 3p		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? red E8350 33			
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 9:15 A m., from the causes and on the date stated above.							
23a. SIGNATURE Patrick E Taylor (degree or title) 3				23b. ADDRESS 308 Clark		23c. DATE SIGNED 2-15-58	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 2/17/58		24c. NAME OF CEMETERY OR CREMATORY Valhalla		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. FEB 15 58		REGISTRAR'S SIGNATURE J. Earl Smith md		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS JOHN STYGAR & SON 5541 RIVERVIEW BLVD.			

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.....
J. M. Ristau

Licensed Embalmer No. *3980*

P. O. Address *St. Louis*

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.