

Health, Welfare & Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015654

STATE FILE NUMBER

FILED MAY 1 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No. 4474

300
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. #1.		d. STREET ADDRESS (If outside, give location) 907th 16th St.	

3. NAME OF DECEASED (Type or print) IKE			4. DATE OF DEATH Month APRIL Day 22 Year 1958		
---	--	--	---	--	--

5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1-15-1913	9. AGE (In years last birthday) 45	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 CITY OF ST. LOUIS	11. BIRTHPLACE (City and state or country) MEMPHIS, TENN.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	---	---	---

13a. FATHER'S NAME UNKNOWN	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE JOSEPHINE POTTER CHURN
--------------------------------------	---	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT Address MRS. JOSEPHINE POTTER CHURN 907th 16th St.
--	-------------------------	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac arrest Cardiac arrest DUE TO (b) massive pulmonary atelectases massive pulmonary atelectases DUE TO (c) ARACHNOIDITIS of cervical chord anachnoiditis of cervical cord		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)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

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.) Fall on steps (rear of home) Fallen step (rear of home)
20c. TIME OF INJURY Hour 4:30 Month 5 Day 58 Year a.m. p.m.	

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.) Home	20f. CITY, TOWN, OR LOCATION St. Louis, Mo.	COUNTY	STATE
--	---	---	--------	-------

21. I attended the deceased from **4/16/58** to **4/22/58** and last saw her alive on **4/22/58**
Death occurred at **10:55 A.M.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ralph A. Kinsella (Title)	22b. ADDRESS 1515 LAFAYETTE AVE.	22c. DATE SIGNED 4/22/58
---	--	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 4-26-58	23c. NAME OF CEMETERY OR CREMATORY WASHINGTON PARK	23d. LOCATION (City, town, or county) (State) St. Louis, Co. MO.
---	-----------------------------	--	--

24. FUNERAL DIRECTOR Bennie Love 3103 Washington	25. DATE RECD. BY LOCAL REG. APR 24 '58	26. REGISTRAR'S SIGNATURE Paul Smith mo
--	---	---

(Licensee/Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
X 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 4575A

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.