

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016565

State File No.

FILED APR 18 1958

BIRTH NO.

REG. DIST. NO. **318**PRIMARY REG. DIST. NO. **1003**Registrar's No. **3738**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Illinois b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Missouri		c. CITY OR TOWN E. St. Louis	
c. LENGTH OF STAY (in this place) 2 Days		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 24 St. Louis Children's		e. STREET ADDRESS (If rural, give location) 32 506 Trendley	
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Underwood, Jr. c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 3-30-58	
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED - NEVER MARRIED. - WIDOWED, DIVORCED (Specify) 10	8. DATE OF BIRTH 11-17-46
9. AGE (In years) 11 yrs IF UNDER 1 YEAR Months Days Hours Min.		11. BIRTHPLACE (City and State or Foreign Country) Mississippi	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME William Underwood, Sr.	
13b. MOTHER'S MAIDEN NAME Idella Ragland		14. NAME OF HUSBAND OR WIFE None	
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. None	
17. INFORMANT'S SIGNATURE OR NAME June Mansfield		ADDRESS 500 S. Kingshighway	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain Abscess		INTERVAL BETWEEN ONSET AND DEATH Within	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) 342x	
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 3-28 , 19 58 , to 3-30- , 19 58 , that I last saw the deceased alive on 3-30- , 19 58 and that death occurred at 12:05 PM , from the causes and on the date stated above.			
23a. SIGNATURE John C. Herweg (Degree or title) M. D.		23b. ADDRESS 500 S. Kingshighway	
23c. DATE SIGNED 3-30-58			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-3-58	
24c. NAME OF CEMETERY OR CREMATORY BOOKER WASHINGTON		24d. LOCATION (City, town, or county) (State) East St. Louis, Illinois	
DATE REC'D BY LOCAL REG. APR 3 '58		REGISTRAR'S SIGNATURE Carl Smith M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE C. T. ...		ADDRESS 111 N. 13th	

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.....
M. James M.

Licensed Embalmer No. *443*

P. O. Address *111 71 13*

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.