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 ALL
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THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

53165-57 58-016827
 STATE FILE NUMBER

FILED MAY 12 1958

Registration District No. 317 Primary Registration District No. 548 Registrar's No. 1177

1. PLACE OF DEATH a. COUNTY ST LOUIS			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY ST LOUIS		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WEBSTER GROVES Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY-OR TOWN WEBSTER GROVES Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 125 REASOR (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) JANE REBECCA WASHINGTON First Middle Last			4. DATE OF DEATH April 25, 1958 Month Day Year		
5. SEX FEMALE 3	6. COLOR OR RACE NEGRO	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JULY 1, 1957	9. AGE (In years to birthday) 9 Mos IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Use kind of work done during most of working life, or retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTH PLACE (City and state or country) WEBSTER GROVES U.S.A.	
13. FATHER'S NAME PAUL WASHINGTON			14. MOTHER'S MAIDEN NAME CRA LEE WASHINGTON		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give year or dates of service)		16. SOCIAL SECURITY NO. NONE		17. INFORMANT Paul Washington 125 Reasor Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Due to Burns Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) E916.0					INTERVAL BETWEEN ONSET AND DEATH
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.) Burned in fire in home		
20c. TIME OF INJURY 6:30 approx. 4/25/58 Hour Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) bedroom of home		20f. CITY, TOWN, OR LOCATION Webster Groves 135 COUNTY St. Louis STATE Mo.	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Jaymond Hain 3 Coroner			22b. ADDRESS Clayton, Mo		22c. DATE SIGNED 5/1/58
23a. BURIAL, CREMATION, or other disposal (Specify)		23b. DATE April 30, 1958		23c. NAME OF CEMETERY OR CREMATOR Father Dickson	
24. FEDERAL DIRECTOR J. Gardell Bone Kirkham ADDRESS _____		25. DATE RECD. BY LOCAL REG. 4-29-58		26. REGISTRAR'S SIGNATURE Herbert A. Dombek MD	

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

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 embalmed by me, or by Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Herbert J. Gardner*

Licensed Embalmer No. *421*

P. O. Address *3964 Webster Drive*

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.