

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020038
State File No.

FILED MAY 23 1958

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5114**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residency before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) c. CITY OR TOWN St. Louis	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION City Hosp. 8		STREET ADDRESS (If rural, give location) 1416 Franklin	
3. NAME OF DECEASED (Type or Print) JAMES (First) TITTS (Last)		4. DATE OF DEATH (Month) (Day) (Year) 5-7-58	
5. SEX male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 1886
9. AGE (In years last birthday) 72		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) retired	10b. KIND OF BUSINESS OR INDUSTRY retired	11. BIRTHPLACE (City and State or Foreign Country) ARK	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 unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unk unk		16. SOCIAL SECURITY NO. unk	17. INFORMANT'S SIGNATURE OR NAME Hospital Records
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Oedema ANTECEDENT CAUSES DUE TO (b) Cardiac Hypertrophy DUE TO (c) Subarachnoid Hemorrhage II. OTHER SIGNIFICANT CONDITIONS suffered on fall from roof and the third Street Viaduct all the security of 3rd Street about 610 am. May 5, 1958	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION all the security of 3rd Street about 610 am. May 5, 1958	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bridge, etc.) 3rd Street Viaduct	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis - MO 000	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5-5-58 6 A.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? E902.545	
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 _____ M., from the causes and on the date stated above.			
23a. SIGNATURE Joseph M. [Signature]		23b. ADDRESS 1300 Clark	23c. DATE SIGNED 5/8/58
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE May 31-1958	24c. NAME OF CEMETERY OR CREMATORY Anatomical Board	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
DATE REC'D BY LOCAL REG. MAY 15 '58	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	EMBALMER'S SIGNATURE [Signature] ADDRESS 4104-06 Manchester	

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 *John K Cunningham*

Licensed Embalmer No. 447

P. O. Address 2405 Ma

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.