

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024118
STATE FILE NUMBER

FILED JUL 11 1958 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1730

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> <u>Maryland Heights, Mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Maryland Hts.</u>		c. CITY OR TOWN <u>4070</u> <u>Maryland Hts. Mo.</u>	
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. Louis CITY Hosp DOA</u>		d. STREET ADDRESS (If outside, give location) <u>1001 Adie Road</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Carl Robert Black</u>			4. DATE OF DEATH Month Day Year <u>June 26, 1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 29, 1941</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unemployed</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. <u>16</u> Months <u>11</u> Days <u>26</u> Hours <u>Min.</u>
11. BIRTHPLACE (City and State or country) <u>St. Louis, County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Wilson Black</u>		13b. MOTHER'S MAIDEN NAME <u>Leana Edwards</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT Address <u>Leana Black 1001 Adie Road</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Asphyxia due to drowning</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			<u>2929.8</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>42</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) <u>Drowned while swimming in pond</u>	
20c. TIME OF INJURY <u>2:30</u> Hour Month, Day, Year <u>6/26/58</u>			
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.) <u>private pond</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Rural St. Louis Mo.</u>
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Raymond H. Harbo</u> Coroner		22b. ADDRESS <u>Clayton, Mo.</u>	22c. DATE SIGNED <u>7/3/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>6/30/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Musick, Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Maryland Hts., Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>E. B. Koenig 1221 N. Grand</u>		25. DATE RECD. BY LOCAL REG. <u>6/28/58</u>	26. REGISTRAR'S SIGNATURE <u>Herbert R. Danks M.D.</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

Student
Signature of Student Embalmer

Signed *Robert J. Adams*

Licensed Embalmer No. *755*
P. O. Address *1221 N. 8th*

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.