

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045947

STATE FILE NUMBER

12154

JAN 12 1959 Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>St. Louis</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Homer Phillips</i>		Length of stay in lb <i>One day</i>		d. STREET ADDRESS (If outside, give location) <i>5185 Delmar Blvd</i>	
3. NAME OF DECEASED (Type or print) First <i>Wayne</i> Middle <i>Laird</i> Last			4. DATE OF DEATH Month <i>Dec.</i> Day <i>15</i> Year <i>1958</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Nov. 22, 1896</i>	9. AGE (In years last birthday) <i>62</i>	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) <i>book</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Hotel book</i>		11. BIRTHPLACE (City and state or country) <i>Water Valley Kentucky</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>Thomas Laird</i>		13b. MOTHER'S MAIDEN NAME <i>Bessie Austin</i>	
14. NAME OF HUSBAND OR WIFE <i>Lorene Laird</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>489-12-5374</i>	
17. INFORMANT <i>Mrs. Bessie Laird</i>		Address <i>5185 Delmar Blvd</i>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>External Hemorrhage</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Internal Hemorrhage</i> DUE TO (c) <i>Compound fractured of Both Legs</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH by reference to the number of cause condition given in PART I. <i>suffered when struck by car operated by one Fred Washington, 2500 Washington Ave, South Union and Washington Ave, South</i>	
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"/> <i>How INJURY OCCURRED. (Enter nature of injury in PART I or PART II of instructions.)</i> <i>Washington, 2500 Washington Ave, South Union and Washington Ave, South</i>		20b. TIME OF INJURY Hour <i>1:20 a.m.</i> Month, Day, Year <i>December 14, 1958</i>	
20c. 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, yard, street, office, bldg., etc.) <i>1 Street</i>		20f. CITY, TOWN, OR LOCATION <i>St. Louis Mo</i> STATE	
21. I attended the deceased from _____ and last saw her/him alive on _____ Death occurred at <i>1155</i> _____ m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <i>John E. Turner</i> (Type or Print)		22b. ADDRESS <i>1300 Clark</i>	
22c. DATE SIGNED <i>12/16/58</i>		23. BURLI, CREMATION, OR REMOVAL (Specify) <i>burial</i>		23b. DATE <i>Dec. 18, 1958</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Valhalla Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>St. Charles Road, Pa Mo</i>		24. FUNERAL DIRECTOR <i>Bull-Campbell Mortuary</i>	
ADDRESS <i>165 Delmar</i>		25. DATE RECD. BY LOCAL REG. <i>DEC 17 '58</i>		26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i>	

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 *Bob Murray*

Licensed Embalmer No. *3749*

P. O. Address

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.)