

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046168

STATE FILE NUMBER
12286

318

1003

JAN 12 1958

Registration District No.

Primary Registration District No.

Registration District No.

300
-57
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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer Phillips		Length of stay in lb 29 yrs.		d. STREET ADDRESS (If outside, give location) 2057 6 5223 Raymond	
3. NAME OF DECEASED (Type or print) First Middle Last JAMES POINTER			4. DATE OF DEATH Month Day Year December 18, 1958		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 16, 1924	9. AGE (In years last birthday) 34	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tire Changer		10b. KIND OF BUSINESS OR INDUSTRY Community Tire		11. BIRTHPLACE (City and state or country) / Orchildren, Arkansas	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Councial Pointer		13b. MOTHER'S MAIDEN NAME Mamie Hurd	
14. NAME OF HUSBAND OR WIFE Lillie Mae Pointer		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. 497-18-2254	
17. INFORMANT Lillie Mae Pointer		Address 5223 Raymond			
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>Fracture of Skull</i> <i>Brain Injury</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>E 91 D. 3</i> <i>09</i> DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not stated in the immediate cause (a) through (c) above. <i>deceased was working as a</i> <i>at a company in the City of</i> <i>Delmar, blunt of and struck him</i> <i>in the head on December 16, 1958</i> <i>about 1045 a.m.</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"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I. See PART I. Note 1.) <i>at a company in the City of</i> <i>Delmar, blunt of and struck him</i> <i>in the head on December 16, 1958</i> <i>about 1045 a.m.</i>			
20c. TIME OF INJURY Hour a.m. Month, Day, Year <i>1045 12 16 58</i>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Tire Company</i>		20f. CITY, TOWN, OR LOCATION <i>St Louis Mo</i>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> - NOT WHILE AT WORK <input checked="" type="checkbox"/>		21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <i>1100 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Patrick E. Taylor Carauer</i> (Degree or title) <i>3</i>			22b. ADDRESS <i>1300 Clark</i>		22c. DATE SIGNED <i>12. 19. 58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>12/23/58</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Greenwood Cemetery</i>	
23d. LOCATION (City, town, or county) (State) <i>St. Louis County, Mo.</i>		24. FUNERAL DIRECTOR <i>Charles J. Gates</i>		25. DATE RECD. BY LOCAL REG. <i>DEC 19'58</i>	
26. REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>		27. ADDRESS <i>4107 Finney</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

S.P.

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 *Yusef Swan*

Licensed Embalmer No. 4580.....

P. O. Address 4107 Finney Ave

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.