

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046441

STATE FILE NUMBER 11604

318

1003

FILED DEC 22 1958 Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MO</i> b. COUNTY <i>1</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>St. Louis</i> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Normal Shally Hosp</i> Length of stay in lb <i>27</i>		STREET ADDRESS <i>3729 Olive</i> (If on St. give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>William</i> Middle <i>A.</i> Last <i>Vaults</i>		4. DATE OF DEATH Month <i>Nov</i> Day <i>-29</i> Year <i>1958</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Negro</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>9 Apr. 1916</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <i>Janitor</i>	9. AGE (In years last birthday) <i>42</i> IF UNDER 1 YEAR: Months <i>0</i> Days <i>0</i> Hours <i>0</i> Min. <i>0</i> IF UNDER 24 HRS. Months <i>0</i> Days <i>0</i> Hours <i>0</i> Min. <i>0</i>
11. BIRTHPLACE (City and state or country) <i>TEXAS</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13. FATHER'S NAME <i>Donnie Vaults</i>		14. MOTHER'S MAIDEN NAME <i>Emma Aires</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>yes</i> <i>World War II</i>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <i>Lavella Berry</i> Address <i>3861 St. Louis Ave</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>Pulmonary Embolism following penetrating gunshot wound of left chest following gunshot wound, suffered when shot with pipe in hand.</i> Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. <i>See also Miller (rel) file.</i>			INTERVAL BETWEEN ONSET AND DEATH _____
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED (State date and time if Part I or Part II is (1)) <i>Shot in left hand, about 12:50 a.m., November 20, 1958. E 981x</i>			
20c. TIME OF INJURY Hour <i>1250</i> a. m. <i>11 20 58</i> Month, Day, Year.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (i. e., in or about home, farm, factory, street, office bldg., etc.) <i>19 House</i>	
20f. CITY, TOWN, OR LOCATION <i>St. Louis</i>		COUNTY <i>MO</i> STATE _____	
21. I attended the deceased from <i>6:40</i> to _____ and last saw her alive on _____ Death occurred at <i>6:40 p. m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Joseph T. ...</i>		22b. ADDRESS <i>1300 Clark</i>	
22c. DATE SIGNED <i>12/1/58</i>			
23. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>		23b. DATE <i>5 Dec. 1958</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>National Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis Co., Mo.</i>	
24. FUNERAL DIRECTOR <i>Reliable Funeral Sys.</i> ADDRESS <i>1389 N. Union</i>		25. DATE RECD. BY LOCAL REG. <i>DEC 2 '58</i>	
25. REGISTRAR'S SIGNATURE <i>J. Paul Smith md</i>			

(Licensed Embalmer's Statement on Reverse Side)

300
1-56

health, Welfare Public Service
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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 *John K. Cunningham*.....

Licensed Embalmer No. 44

P. O. Address 2405 M

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.