

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019310

STATE FILE NUMBER

2-5307

FILED JUN 15 1959

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	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>St. Louis</i>	
3. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>4403 Greer Ave</i>		d. STREET ADDRESS (If outside, give location) <i>4058 St. Louis</i>	
3. NAME OF DECEASED (Type or print) <i>Presley</i>		4. DATE OF DEATH <i>5-31-59</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>2-25-1923</i>	
9. AGE (In years last birthday) <i>36</i>		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Lab.</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Construction</i>	
11. BIRTHPLACE (City and state or country) <i>Miss. Canton</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Booker Joyner</i>		14. MOTHER'S MAIDEN NAME <i>Willie Walker</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>NO</i>		16. SOCIAL SECURITY NO. <i>497-18-8232</i>	
17. INFORMANT <i>Willie Joyner</i>		Address <i>4058 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>2nd and 3rd degree Burns of 80% of Body.</i>		INTERVAL BETWEEN ONSET AND DEATH <i>916.640</i>	
Conditions, if any, which gave rise to above cause (a), 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(a) <i>Suffered in fire in basement of building at 4403 Greer Ave., about 6:45 p.m., May 31, 1959</i>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part II or Part III if so desired) <i>at 4403 Greer Ave., about 6:45 p.m., May 31, 1959</i>	
20c. TIME OF INJURY <i>6:45 p.m. 5/31/59</i>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>103rd basement</i>	
20e. CITY, TOWN OR LOCATION <i>St. Louis</i>		COUNTY <i>Mo</i> STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <i>7:00 p.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Do not sign) <i>Paul J. Simon</i>	
22b. ADDRESS <i>Cotner 1300 Clark</i>		22c. DATE SIGNED <i>6/3/59</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Remove</i>		23b. DATE <i>6-4-59</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Washington Park</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis County Mo.</i>	
24. FUNERAL DIRECTOR <i>J. McClendon</i>		ADDRESS <i>4535 Washington</i>	
25. DATE RECD. BY LOCAL REG. <i>JUN 3 '59</i>		26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>	

(Licensed Embalmer's Statement on Reverse Side)

Use only black ink or ribbon typewrite if possible. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by Not Embalmed, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Jeff McLondon
Licensed Embalmer No.....

P. O. Address

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.