...URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS SEP 16 1959

59-034012
STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 7996

...MENDED

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 — Length of stay in 1b 5 years

c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. Phillips Hosp. — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 3637a Garfield Ave. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Also known as Middle Willie Loggins Last WILLIAM JAMES LAGGINS

4. DATE OF DEATH Month August Day 27, Year 1959

5. SEX Male

6. COLOR OR RACE Negro

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 7/23/44

9. AGE (last birthday) 15 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student

10b. KIND OF BUSINESS OR INDUSTRY Public Schools

11. BIRTHPLACE (City and state or country) Minter City, Miss.

12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Henry Laggins

13b. MOTHER'S MAIDEN NAME Roxena Glenn

14. NAME OF HUSBAND OR WIFE --

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) --

16. SOCIAL SECURITY NO. --

17. INFORMANT Fannie Mae Bell — Address 3637a Garfield

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Strangulation (drowning) — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 929.4
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 42
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Here deceased drowned in swimming pool at Fairgrounds Park, on August 27th, 1959. at about 155 p.m.

20c. TIME OF INJURY 135 Hour p.m. Month, Day, Year 8 27 59

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 290 Pool

20f. CITY, TOWN, OR LOCATION St Louis — COUNTY Mo — STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 140 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Joseph [illegible] Deputy Coroner

22b. ADDRESS 1300 Clark

22c. DATE SIGNED 8/28/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 8/29/59

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county) (State) Winona, Mississippi

24. FUNERAL DIRECTOR Charles J. Gates — ADDRESS 4107 Finney

25. DATE RECD. BY LOCAL REG. AUG 28 '59

26. REGISTRAR'S SIGNATURE Carl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____ Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 1825

P. O. Address 4107 Finney Av

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.