

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 12 1960

=60-028686

ENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7412 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>	Length of stay in 1b <u>yrs.</u>	c. CITY OR TOWN <u>St. Louis, Missouri</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis D.O.A. City Hosp No. 1</u>		d. STREET ADDRESS (If outside, give location) <u>1518 West Billon</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>WILLIAM</u> Middle <u>V.</u> Last <u>PATIENT</u>	4. DATE OF DEATH Month <u>July</u> Day <u>24</u> Year <u>1960</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 17, 1915</u>	9. AGE (last birthday) <u>44</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>hauling & drayage</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>construction</u>	11. BIRTHPLACE (City and state or country) <u>Mississippi</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William V. Patient</u>	13b. MOTHER'S MAIDEN NAME <u>Maggie Lee Paldon</u>	13. NAME OF HUSBAND OR WIFE <u>Mattie Patient</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO.	17. INFORMANT <u>Mattie Patient, 1518 West Billon</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Compound Comminuted Fracture of Skull with hemorrhages & a large amount of blood surrounding the compound comminuted fracture of the left hip; Hemorrhage into the Chest Cavity caused by compound comminuted Fracture of Ribs, suffered when run over by Missouri Pacific Train, in the vicinity of R.R. tracks and

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) Sulphur Ave., about 3:45 P.M.

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

7-24-60, while suffering from mental aberration.

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>See Above 979X</u>
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20c. TIME OF INJURY
Hour 3:45 P.M. Month, Day, Year 7-24-60

20d. 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, factory, street, office bldg., etc.) <u>14 On R.R. track</u>	20f. CITY, TOWN, OR LOCATION <u>St. Louis, Mo</u>	COUNTY <u> </u>	STATE <u> </u>
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21. I attended the deceased from 4:10 P.M. to and last saw her him alive on Death occurred at on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Catrick Taylor Carroux</u>	22b. ADDRESS <u>1300 Clark</u>	22c. DATE SIGNED <u>7.25.60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>July 27, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>New Bethlehem</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>
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24. FUNERAL DIRECTOR <u>M. J. Croghan, 7146 Manchester St. Louis 7, Missouri</u>	25. DATE RECD. BY LOCAL REG. <u>JUL 26 1960</u>	26. REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

V E Morris

Licensed Embalmer No.

3360

P. O. Address

St Louis

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.