SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10521 STATE FILE NUMBER 61-042212

FILED NOV 28 1961

1. PLACE OF DEATH
a. COUNTY St. Louis, Mo.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo. — Length of stay in 1b 4 hrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) City Hosp. #1 — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY
c. CITY OR TOWN St. Louis, Mo. — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 1416 Chouteau Ave. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Middle Last: PFC Daniel D. Blount
4. DATE OF DEATH Month Day Year: Nov. 11, 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Widowed ☐ Never Married ☒ Divorced ☐
8. DATE OF BIRTH: 6-16-42
9. AGE (last birthday): 19 — 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): U.S. Army
10b. KIND OF BUSINESS OR INDUSTRY: Soldier, U.S. Army
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Paul Blount
13b. MOTHER'S MAIDEN NAME: Minnie Kempen
14. NAME OF HUSBAND OR WIFE: —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Regular Army
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Paul Blount — Address: 1416 Chouteau Ave

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Bullet wound into the skull causing profuse hemorrhage over the entire hemisphere, all of the brain.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) self inflicted in home on November 10, 1961
DUE TO (c) Suicide
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 976X
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.) See above
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year: 2 11-10-61
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.): Home
20f. CITY, TOWN, OR LOCATION: St. Louis, Mo — COUNTY — STATE

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at 2:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Paul J Simon Deputy Coroner
22b. ADDRESS: 1300 Clark
22c. DATE SIGNED: 11/13/61
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 11/15/61
23c. NAME OF CEMETERY OR CREMATORY: National Cemetery
23d. LOCATION (City, town, or county) (State): St Louis Co, Mo
24. FUNERAL DIRECTOR — ADDRESS: Louis H Bork Inc Kirkwood
25. DATE RECD. BY LOCAL REG.: NOV 13 1961
26. REGISTRAR'S SIGNATURE: Dean Smith, M.D.

DATE AMENDED 9
INSTEAD OF
DOCUMENT
SHOULD READ
ITEM NO.
BY AFFIDAVIT OF
MEDICAL CERTIFICATION

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 Francis J. Wyland

Licensed Embalmer No. 4572

P. O. Address Kirkwood, Mo.

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.