

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-032226

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **8137**

FILED AUG 31 1962		1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis,		Length of stay in 1b		c. CITY M OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City # 12		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 5360 Patton	
3. NAME OF DECEASED (Type or print) First Middle Last Jerry ALLEN		4. DATE OF DEATH Month Day Year Aug 17 62			
5. SEX M	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/14/49	9. AGE (last birthday) 13	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and state or country) MO.	
12. CITIZEN OF WHAT COUNTRY U.S.		13a. FATHER'S NAME Leroy Allon		13b. MOTHER'S MAIDEN NAME Sammie Wiley	
14. NAME OF HUSBAND OR WIFE none		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Leroy Allen		Address 5360 Patton			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Bilateral Atelectasis; Shock, <i>suffered in collision between Supreme Xical operated by one Jessie Johnson and vehicle operated by deceased in front of about 2827 Bard Ave, on Aug 17, 1962 at 9:25 P.M.</i>					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) accident					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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 9:25 a.m. 8-17-62 p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street 06		20f. CITY, TOWN, OR LOCATION St. Louis, MO
20g. COUNTY		20h. STATE			
21. I attended the deceased from _____ to _____ and last saw ^{he} him alive on _____ Death occurred at _____ 11:35 P on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Helen L. Taylor, Coroner		22b. ADDRESS 1300 Clark Ave.		22c. DATE SIGNED 8-21-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8-22-1962	23c. NAME OF CEMETERY OR CREMATORY Washgton Park.		23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	
24. FUNERAL DIRECTOR Williams Fun. Home 5511 ST. Louis		25. DATE RECD. BY LOCAL REG. AUG 21 1962		26. REGISTRAR'S SIGNATURE Loan Smith, M.D.	

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1
2 **206**
3
4 **2**
5 **0**
6
7 **0**
8 **1**
9 **X**
10
11 **000**
12 **77-3**
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

ITEM NO. SHOULD READ

77

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 Leroy W. Lannister

Licensed Embalmer No. 4523

P. O. Address 4251 Washington

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.