

FILED FEB 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6759

State File No. 1448

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1005** Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give town or township) **St. Louis Mo.**
c. LENGTH OF STAY (in this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION **Noop = 2**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Mo.** b. COUNTY **2254**
c. CITY (If outside corporate limits, write RURAL and give township) **St. Louis**
d. STREET ADDRESS (If rural, give location) **25 - 1111 Middle Dr.**

3. NAME OF DECEASED
a. (First) **Jake** b. (Middle) **MARRIED WITH** c. (Last) _____
(Type or Print)

4. DATE OF DEATH (Month) (Day) (Year) **2 3 50**

5. SEX **Male** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) **Married** **8. DATE OF BIRTH** **2-2-1906** **9. AGE** (In years last birthday) **44** IF UNDER 1 YEAR Months Days IF UNDER 1 HRS. Hours Min.

10a. USUAL OCCUPATION (If kind of work done during most of working life even if retired) **Welder** **10b. KIND OF BUSINESS OR INDUSTRY** **Welder** **11. BIRTHPLACE** (State or foreign country) **TENNESSEE** **12. CITIZEN OF WHAT COUNTRY** **U.S.A.**

13a. FATHER'S NAME **Wm K** **13b. MOTHER'S MAIDEN NAME** **Wm K** **14. NAME OF HUSBAND OR WIFE** **WILMA SMITH**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** **16. SOCIAL SECURITY NO.** **Wm K** **17. INFORMANT'S SIGNATURE OR NAME** **Wm K** **ADDRESS** **300 Clark**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Subdural Hemorrhage**
ANTECEDENT CAUSES (b) **Edema of Brain, 3 inches of fluid**
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (c) **Suffered when struck by truck - trailer**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **Truck backing into loading platform**

19a. DATE OF OPERATION **Wm K** **19b. MAJOR FINDINGS OF OPERATION** **Wm K** **20. AUTOPSY?** YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **accident** **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, public bldg., etc.) **loading platform** **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)** **St. Louis Mo. 24**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **2 2 NO 3pm** **21e. INJURY OCCURRED WHILE AT WORK** NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR** **Struck by truck**

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Wm K** **23b. ADDRESS** **300 Clark** **23c. DATE SIGNED** **2/14/50**

24a. BURYAL, CREMATION, REMOVAL (Specify) **Burial** **24b. DATE** **2-14-50** **24c. NAME OF CEMETERY OR CREMATORY** **Gate Dale** **24d. LOCATION** (City, town, or county) (State) **St. Louis County Mo**

DATE REC'D BY LOCAL REG. **FEB 14 1950** **REGISTRAR'S SIGNATURE** **J. B. Lassater** **25. FUNERAL DIRECTOR'S SIGNATURE** **E. J. Holden** **ADDRESS** **3506 Franklin**

1300
my fam. date. 2.16.50.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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~~ by Student
at College of Mortuary Science Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed Ralph W Hemon
Licensed Embalmer No. 3791

P. O. Address St. Louis, 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 this body is not embalmed, fact should be so stated above.