

No. 300
10-49

FILED MAY 5 1950

STANDARD CERTIFICATE OF DEATH

State File No. 15255

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3064 Registrar's No. 1089

1. PLACE OF DEATH a. COUNTY ST. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY ST. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Richmond Heights		c. CITY (If outside corporate limits, write RURAL and give township) Richmond Heights	
c. LENGTH OF STAY (In this place) 2 Yrs		49	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1618, Handley Road		d. STREET ADDRESS (If rural, give location) 1618, Handley Road	

3. NAME OF DECEASED (Type or Print) James Earl Jr.			4. DATE OF DEATH (Month) (Day) (Year) 4-25 * 1950		
5. SEX Male		6. COLOR OR RACE Col.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	
8. DATE OF BIRTH I- 19th * 1948		9. AGE (In years last birthday) 2		10. IF UNDER 1 YEAR Months 3 Days 6	
11. BIRTHPLACE (State or foreign country) Oakland Tenn.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. IF UNDER 24 HRS. Hours 0 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Oakland Tenn.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. IF UNDER 24 HRS. Hours 0 Min.		14. NAME OF HUSBAND OR WIFE	

13a. FATHER'S NAME James Earl Sr.		13b. MOTHER'S MAIDEN NAME Jessie. Moss		14. NAME OF HUSBAND OR WIFE	
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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) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jessie. Early 1618, Handley Road	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) crushing chest and abdominal injuries-run over by truck backing out of yard.			INTERVAL BETWEEN ONSET AND DEATH 88/24 25
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) Suicide Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Yard at home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Richmond Heights, St. Louis, Mo.	
21d. TIME OF INJURY 4:25 50--A-m		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? see above	

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 Arnold J. Willmann (Degree or title) Coroner		23b. ADDRESS Clayton, Mo.		23c. DATE SIGNED 4/27/50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-29-50		24c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery	
				24d. LOCATION (City, town, or county) (State) ST. Louis. Mo	

DATE REC'D BY LOCAL REG. APR 27 1950		REGISTRAR'S SIGNATURE Herbert S. Dombrowski		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walter 3506, Franklin Ave.	
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(Licensed Embalmer's Statement on Reverse Side)

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

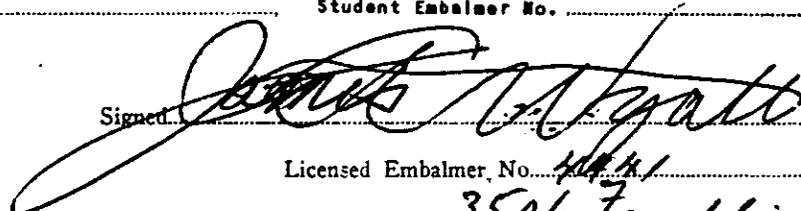
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 40441

P. O. Address 3506 Franklin

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.