

FILED MAY 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17990

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4019

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

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, write RURAL and give town or township) <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>En-Route City Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>610 Hickory</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Wilford</u>		b. (Middle)	
c. (Last) <u>Black</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5-3-50</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 3, 1920</u>
9. AGE (In years last birthday) <u>29</u>		10. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Car Loader</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Chevrolet Co</u>	
11. BIRTHPLACE (State or foreign country) <u>New Miner County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Otis Black</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Penrod</u>	
14. NAME OF HUSBAND OR WIFE <u>Pauline Black</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes None</u>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Pauline Black, 610 Hickory</u> ADDRESS	
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) <u>Fracture of skull; Brain injury, suffered when a automobile driver of Pack</u> ANTECEDENT CAUSES <u>drove upon the deceased while loading</u> <u>automobile in box car #47108</u> <u>at St. Louis and S. H. Railway Co at</u> <u>Chevrolet Plant GMC 3809 Union</u> II. OTHER SIGNIFICANT CONDITIONS <u>drove around 750 am May 3 1950</u> Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>fracture to mechanical break</u> <u>hoist not accident</u>	
20. INTERVAL BETWEEN ONSET AND DEATH		21a. ACCIDENT (Specify) <u>Suburban</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>factory</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Mo E 9103</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 3 5:30 A.M.</u>		21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>fall</u>		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 <u>7:58 A.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Patrick E. Taylor</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>1300 Clark</u>	
23c. DATE SIGNED <u>5-3-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	
24b. DATE <u>5-3-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City</u>	
24d. LOCATION (City, town, or county) (State) <u>East Prairie, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u> ADDRESS <u>4700 Washington</u>	
DATE REC'D BY LOCAL REG. <u>MAY 3 1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	

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 me

working under my personal supervision.

Student Embalmer No.

Signed William S. [Signature]

Signed.....
Student Embalmer

Licensed Embalmer No. 1699

P. O. Address [Signature]

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.