

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6923

FILED MAR 4 1954

State File No. 1233

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 1233

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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 Missouri		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) DOA		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital		• STREET ADDRESS (If rural, give location) 26 3623 N. 11th St. 2267			
3. NAME OF DECEASED (Type or Print) a. (First) Bobbie		b. (Middle) J.		c. (Last) Vickery	
4. DATE OF DEATH (Month) (Day) (Year) Feb. 5, 1954		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH April 27, 1934		9. AGE (In years last birthday) 19	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator		10b. KIND OF BUSINESS OR INDUSTRY Central Bag Co.		11. BIRTHPLACE (City and State or Foreign Country) Marion Co., Ala.	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME James Vickery		13b. MOTHER'S MAIDEN NAME Bessie McMackin	
14. NAME OF HUSBAND OR WIFE None		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. Unknown	
17. INFORMANT'S SIGNATURE OR NAME Willadean Cummings		ADDRESS 1917 Bremen Ave.			
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) <i>Internal Hemorrhage; Fr. of Skull</i>  ANTECEDENT CAUSES <i>suffered in collision betw. seat car operated by deceased which failed to make Major Stop and car operated by Donald Busan at</i>  II. OTHER SIGNIFICANT CONDITIONS <i>operator's action of No. 1001 out and on Ave., about 10:34 pm</i>  Conditions contributing to the death but not related to the disease or condition leading to death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>February 5 1954</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT OR SUICIDE (Specify) <i>Accident</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Street</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St. Louis Mo</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>Feb 5 54 10 pm</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>OOD E8164</i>	
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 <i>10:50 p.m.</i> , from the causes and on the date stated above. <i>26</i>					
23a. SIGNATURE (Degree or title) <i>Patrick E. Taylor, Coroner</i>		23b. ADDRESS <i>1300 Carl</i>		23c. DATE SIGNED <i>2 8 54</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>2-8-54</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Winfield, Ala.</i>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Albert H. Hoppe, 4700 Washington Blvd.</i>			
DATE REC'D BY LOCAL REG. <i>FEB 8 1954</i>		REGISTRAR'S SIGNATURE <i>J. Cash Smith</i>			

**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.....  


Licensed Embalmer No. 478

P. O. Address St. Louis

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.