

FILED JUL 2 - 1954

STANDARD CERTIFICATE OF DEATH

20205

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5418

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 OR TOWN <u>ST. LOUIS, MO.</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>16 ST. LOUIS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CHAIN OF ROCKS AMUSEMENT PARK</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print) <u>STEVEN E. BLACK</u>		a. (First)		b. (Middle)	
c. (Last)		4. DATE OF DEATH <u>JUNE 14 1954</u>		(Month) (Day) (Year)	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	
8. DATE OF BIRTH <u>JAN 13 1948</u>		9. AGE (In years last birthday) <u>6</u>		10. IF UNDER 1 YEAR Months Days	
11. IF UNDER 15 HRS. Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STUDENT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SCHOOL</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <u>MARVIN BLACK</u>		13b. MOTHER'S MAIDEN NAME <u>FERN MILLER</u>		14. NAME OF HUSBAND OR WIFE	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>MARVIN BLACK</u> ADDRESS <u>3816 Wyoming</u>	
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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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suffocation by drowning</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>suffered when deceased was drowned in pool at Chain of Rocks Park, June 14 1954.</u>		DUE TO (c) <u>Exact time unknown</u>	
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 <u>Accident</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., home, farm, factory, street, office, etc.) <u>Drowning Pool</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 14 54 ?</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>E9294</u>	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, and that death occurred at 3:01 p.m., from the causes and on the date stated above. 42

23a. SIGNATURE (Degree or title) <u>Patric P. Taylor Coroners</u>		23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>6-15-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>JUNE 17 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>RESURRECTION CEM.</u>	
24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO.</u>					

DATE REC'D BY LOCAL REG. <u>JUN 16 1954</u>		REGISTRAR'S SIGNATURE <u>Carl Smith Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Kutis 2906 Bevier</u> ADDRESS	
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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 *Leo J. Budde*.....
Licensed Embalmer No. *398*
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.