No. 300
10-46

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21429

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4551

1. PLACE OF DEATH
a. COUNTY ~~St Louis~~
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Homer G. Phillips Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN St Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 21 1432 N. 19th St. 2219 D

3. NAME OF DECEASED (Type or Print) a. (First) Bruce b. (Middle) c. (Last) Wayne
4. DATE OF DEATH (Month) (Day) (Year) 5-19-1954
5. SEX Male
6. COLOR OR RACE Colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant
8. DATE OF BIRTH 3-10-1950
9. AGE (In years last birthday) 4 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours 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 (City and State or Foreign Country) St Louis Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME John Wayne
13b. MOTHER'S MAIDEN NAME Henrietta Bell
14. NAME OF HUSBAND OR WIFE ******
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME John Wayne ADDRESS 1432 N. 19th St.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ 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) Meningococcemia
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 ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 0571

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* 9:45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE Joseph McLaughlin Deputy Coroner (Degree or title)
23b. ADDRESS 1300 Clark
23c. DATE SIGNED 5/21/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5-24-54
24c. NAME OF CEMETERY OR CREMATORY Father Dickson Cem'ty
24d. LOCATION (City, town, or county) St Louis County (State) Missouri

DATE REC'D BY LOCAL REG. MAY 21 1954
REGISTRAR'S SIGNATURE J. Earl Smith, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE E.P. ADDRESS Ellis Funeral Home 2820 Stoddard St.
(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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Fulton E. Culkin

Licensed Embalmer No. 419

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.