

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 547 Registrar's No. 1238

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) OR TOWN Richmond Heights		c. LENGTH OF STAY (In this place) 13 yrs.	c. CITY OR TOWN Richmond Heights
d. FULL NAME OF HOSPITAL OR INSTITUTION: 1316a Hanley Road		e. STREET ADDRESS (If rural, give location) 1316 S. Hanley Road	

3. NAME OF DECEASED (Type or Print) GEORGE	a. (First)	b. (Middle)	c. (Last) BLACK	4. DATE OF DEATH (Month) (Day) (Year) June 5, 1954
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED Married	8. DATE OF BIRTH Aug. 18, 1912	9. AGE (In years last birthday) 41	10. MONTHS 4	11. DAYS 18	12. HOURS 4	13. MIN. 18
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Unemployed	11. BIRTHPLACE (City and State or Foreign Country) Covington, Tennessee	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William H. Black	13b. MOTHER'S MAIDEN NAME Annie Gaines	14. NAME OF HUSBAND OR WIFE Pearl Black
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY NO. W.W. 2	17. INFORMANT'S SIGNATURE OR NAME Unavailable Pearl Black	ADDRESS 1316 S. Hanley 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation, carbon monoxide poisoning, and acute alcoholism, suffered in his home at 1316a S. Hanley Rd, when the room in which he was sitting in some un-	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) known manner caught fire. Richmond Heights police were called and found him seated in a chair, was removed in their ambulance to St. Louis County Hospital. DUE TO (c) known manner caught fire. Richmond Heights police were called and found him seated in a chair, was removed in their ambulance to St. Louis County Hospital.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION ambulance to St. Louis County Hospital.	20. AUTOPSY? 9160 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) Richmond Heights (COUNTY) St. Louis (STATE) Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6/5/54 2:20A.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fire started in closet in bedroom where the deceased was asleep.
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22. I hereby certify that I attended the deceased from **asleep** to **19**, that I last saw the deceased alive on **19**, and that death occurred at **19** m., from the causes and on the date stated above.

22a. SIGNATURE Arnold J. Willmann (Degree or title) Coroner	23b. ADDRESS Clayton, Mo.	23c. DATE SIGNED 6/9/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/9/1954	24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
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DATE REC'D BY LOCAL REG. 6/8/54	REGISTRAR'S SIGNATURE W. W. 2	25. FUNERAL DIRECTOR'S SIGNATURE Charles J. Gates	ADDRESS 4107 Finney Avenue
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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
Signature of Student Embalmer

Signed *Arthur L. Hilliard*

Licensed Embalmer No. 4221

P. O. Address 4107 Finney

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.