

FILED AUG 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24534

State File No. \_\_\_\_\_

1003

6875

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

3

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 <b>Missouri</b> b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>		c. LENGTH OF STAY (In this place) <b>LIFE</b>		c. CITY OR TOWN <b>St. Louis</b> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>DOA Homer Phillips Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>10 3947 Labadie Ave</b>				
3. NAME OF DECEASED a. (First) <b>Juan</b> b. (Middle) c. (Last) <b>Fletcher</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 15 1954</b>				
5. SEX <b>3 male</b>		6. COLOR OR RACE <b>Col</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Child</b>		
8. DATE OF BIRTH <b>June 2 1953</b>		9. AGE (In years last birthday) <b>1</b>		If UNDER 1 YEAR Days <b>13</b> If UNDER 1 HR. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Baby</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo</b>		
12. CITIZEN OF WHAT COUNTRY? <b>U. S. Fla.</b>		13a. FATHER'S NAME <b>Earl Williams</b>		13b. MOTHER'S MAIDEN NAME <b>Dorris Fletcher</b>		
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) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		
17. INFORMANT'S SIGNATURE OR NAME <b>Dorris Fletcher</b>		ADDRESS <b>3947 Labadie Ave</b>				
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) ANTECEDENT CAUSES <b>Interstitial Pneumonitis</b> DUE TO (b) <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>525X</b>		
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 <b>4:55</b> a.m., from the causes and on the date stated above.						
23a. SIGNATURE <b>Joseph M. [Signature]</b>		23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>7/24/54</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVED</b>		24b. DATE <b>7-24-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>GREENWOOD</b>		
24d. LOCATION (City, town, or county) (State) <b>St. Louis, CO, MO</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J. H. Randle &amp; Son</b>		ADDRESS <b>3133 Bell St</b>		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>J. Earl Smith</b>		G. <b>7/24/54</b>				

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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 *James H. Randle*  
*Scott Embalmers*  
Licensed Embalmer No.....

P. O. Address *3133 Beech*

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.