

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35323**
Registrar's No. **8555**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		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 St. Louis		c. LENGTH OF STAY (in this place)	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer Phillips Hospital		e. STREET ADDRESS (If rural, give location) 1812a Cora	
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) E c. (Last) Easter			4. DATE OF DEATH (Month) (Day) (Year) 9 - 17 - 54
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 24, 1886
9. AGE (In years last birthday) Months 68	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil	11. BIRTHPLACE (City and State or Foreign Country) Jonestown, Miss	12. CITIZEN OF WHAT COUNTRY? USA
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE	
13a. FATHER'S NAME John Easter		13b. MOTHER'S MAIDEN NAME Unknown	
13a. FATHER'S NAME		14. NAME OF HUSBAND OR WIFE Annie Easter	
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. 497-03-6935	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?		17. INFORMANT'S SIGNATURE OR NAME Minnie Morris	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?		17. INFORMANT'S SIGNATURE OR NAME 1812a Cora	
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) Fat embolus; Fractured Hip ANTECEDENT CAUSES suffered when deceased fell on the front step of his home at 1812a Cora Ave. DUE TO (b) Aug 17, 1954 about 800 pm II. OTHER SIGNIFICANT CONDITIONS 800 pm Conditions contributing to the death but not related to the disease or condition causing death.	
18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Accident	
19a. DATE OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
21a. ACCIDENT (Specify)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 17 54 8:00		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21d. TIME OF INJURY		21f. HOW DID INJURY OCCUR 000 E9000	
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 240A m., from the causes and on the date stated above. 21			
23a. SIGNATURE Patrick P. Taylor Coroner		23b. ADDRESS 1300 Clark	
23a. SIGNATURE		23c. DATE SIGNED 9.18.54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9/20/54	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24c. NAME OF CEMETERY OR CREMATORY Washington Park	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
DATE REC'D BY LOCAL REG. SEP 18 1954		REGISTRAR'S SIGNATURE J. Earl Smith M.D.	
DATE REC'D BY LOCAL REG.		25. FUNERAL DIRECTOR'S SIGNATURE G. Wade Granberry	
DATE REC'D BY LOCAL REG.		25. FUNERAL DIRECTOR'S SIGNATURE 4202 Finney	

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 *Melvin E. Lee*.....

Licensed Embalmer No. *44*.....

P. O. Address *J. Lee*.....

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.