

FILED MAR 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **10186**REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2654**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) St Louis Mo.		c. CITY 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 Enroute City Hospital		STREET ADDRESS (If rural, give location) 3817 Cleveland Av	
3. NAME OF DECEASED (Type or Print) a. (First) Joseph		b. (Middle) A	
c. (Last) Shana		4. DATE OF DEATH (Month) (Day) (Year) March 21 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 11 1907
9. AGE (In years last birthday) 47		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant		10b. KIND OF BUSINESS OR INDUSTRY Automotive	11. BIRTHPLACE (City and State or Foreign Country) St Louis Missouri
12. CITIZEN OF WHAT COUNTRY? U S A		13a. FATHER'S NAME Josef Sana	
13b. MOTHER'S MAIDEN NAME Antonie Mikes		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 494-09-8760	
17. INFORMANT'S SIGNATURE OR NAME William Shana		ADDRESS 5648 Goethe Av	
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: Fracture of skull and laceration of brain, suffered when deceased was struck by unknown negro man causing deceased to fall to street and later run over by bus of Public Service Company, operated by one Steven Antal at intersection of Compton & Washington Ave about 6:55 PM March 21, 1955. HOMICIDE	
INTERVAL BETWEEN ONSET AND DEATH		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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) Homicide	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar 21 55 6:55 P		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
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 7:05 P. m., from the causes and on the date stated above.			
23a. SIGNATURE Patrick Taylor Casner		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 3.24.55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 3/24/55	
24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory		24d. LOCATION (City, town, or county) (State) St Louis Missouri	
DATE REC'D BY LOCAL REG. MAR 24 1955		REGISTRAR'S SIGNATURE Carl Smith mo	
25. FUNERAL DIRECTOR'S SIGNATURE Moydell Funeral Home		ADDRESS 1926 Allent	

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, ~~by~~, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *E. Courtois Rinalino*.....

Licensed Embalmer No. *42,873*

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.