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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 6 1956

State File No. **42747**
11430

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) <i>St Louis</i>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <i>St Louis</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Jefferson Hotel</i>		e. STREET ADDRESS (If rural, give location) <i>5216 Paulina Place</i>			

3. NAME OF DECEASED (Type or Print) <i>Octavius</i>			4. DATE OF DEATH <i>Dec. 27, 1955</i>	
a. (First)	b. (Middle)	c. (Last)	Month	Day

5. SEX <i>M</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Oct. 22, 1931</i>	9. AGE (in years last birthday) <i>24</i>	IF UNDER 1 YEAR Months <i>2</i>	IF UNDER 12 HRS. Days Hours Min.
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10a. USUAL OCCUPATION (Specify kind of work done during most of working life, even if retired) <i>laborer</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Jefferson Hotel</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Unknown</i>	12. CITIZEN OF WHAT COUNTRY? <i>Unknown</i>
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13a. FATHER'S NAME <i>Unknown</i>	13b. MOTHER'S MAIDEN NAME <i>Unknown</i>	14. NAME OF HUSBAND OR WIFE <i>None</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <i>Bennie Fisher - 5216 Paulina Pl</i>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Hemorrhagic Pancreatitis</i>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <i>5-2</i>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) (Min.)	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 19⁵⁵, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE (In green or blue ink) <i>Patrick J. Taylor</i>	23b. ADDRESS <i>1300 Clark</i>	23c. DATE SIGNED <i>12-28-55</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Ship</i>	24b. DATE <i>Dec. 29, 1955</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Marble</i>	24d. LOCATION (City, town, or county) (State) <i>Virginia</i>
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DATE RECD BY LOCAL REG. <i>DEC 28 1955</i>	REGISTRAR'S SIGNATURE <i>Charles Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>W. B. Lawrence</i>	ADDRESS <i>1321 N. Wood</i>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 28 1958

STATEMENT BY LICENSED EMBALMER

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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 *Milton Blackman*.....
Licensed Embalmer No. *298*.....
P. O. Address *1521 N. 1st St.*.....

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.