

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3202

FILED FEB 10 1956

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 270

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton</u>	c. LENGTH OF STAY (in this place) <u>4 days</u>	c. CITY OR TOWN <u>Kinloch</u>	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 <u>St. Louis Co. Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>King & Richard Sts.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sam</u>	b. (Middle)	c. (Last) <u>Sampson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1-25-56</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>unk</u>	8. DATE OF BIRTH <u>3-15-1892</u>
9. AGE (in years last birthday) <u>63</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>unk</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>unk</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>unk</u>	12. CITIZEN OF WHAT COUNTRY? <u>unk</u>

13a. FATHER'S NAME <u>Ed Sampson</u>	13b. MOTHER'S MAIDEN NAME <u>Rodie Robertson</u>	14. NAME OF HUSBAND OR WIFE <u>unk</u>
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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) <u>unk</u>	16. SOCIAL SECURITY NO. <u>unk</u>	17. INFORMANT'S SIGNATURE OR NAME <u>St. Louis Co. Hospital</u>	ADDRESS <u>601 S. Brentwood</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Skull Fracture, Comminuted, compound</u>		INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Struck by Auto - also Fr. tibia & femur - Lt.</u>		
	DUE TO (c) <u>Acute Brain damage - subdural - hygroma</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>8/24</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Auto subdural hygroma</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis County - Missouri</u>
21d. TIME OF INJURY <u>Jan 21 - 56</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Struck on west bound outside lane while crossing street.</u>

22. I hereby certify that I attended the deceased from 1-21, 1956, to 1-25, 1956, that I last saw the deceased alive on 1-25, 1956, and that death occurred at 12:20a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Jack L. Hagador, MD.</u>	23b. ADDRESS <u>601 S. Brentwood</u>	23c. DATE SIGNED <u>1/25/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Antemortem</u>	24b. DATE <u>1-30-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Antemortem</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis - Missouri</u>
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DATE REC'D BY LOCAL REG. <u>1-30-56</u>	REGISTRAR'S SIGNATURE <u>Herbert B. Sampson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lowland - also West</u>	ADDRESS <u>4104 Manchester</u>
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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.....

Licensed Embalmer No.....

P. O. Address.....

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.