

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20961
STATE FILE NUMBER

FILED JUN 26 1956

Registration District No. 162 Primary Registration District No. 5595 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY Jefferson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rock Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION near Maxville, Mo.			Length of stay in 1b 10 hrs.		d. STREET ADDRESS (If outside, give location) 4530 Chouteau
3. NAME OF DECEASED (Type or print) First Harold Middle Ray Last Counts			4. DATE OF DEATH: Month June Day 14 Year 1956		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH October, 30, 12	9. AGE (In years last birthday) 43	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shingle Inspector		10b. KIND OF BUSINESS OR INDUSTRY Roofing Co.		11. BIRTHPLACE (City and state or country) Ellington, Mo.	
13. FATHER'S NAME George Harrison Counts			14. MOTHER'S MAIDEN NAME Leona Sweney		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 490-224-942		17. INFORMANT 232 Grand Gerald W. Counts Kirkwood, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Drowning DUE TO (b) Accidental DUE TO (c) 9298 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 42					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) Drowned while swimming in Meramec River		
20c. TIME OF INJURY: Hour 5:30 Month June Day 14 Year 1956					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Meramec River		20f. CITY, TOWN, OR LOCATION St. Louis COUNTY Jefferson STATE MO.	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Leo Church acting Coroner			22b. ADDRESS 702 Taylor Crystal City Mo		22c. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE June 14-56	23c. NAME OF CEMETERY OR CREMATORY Mt. Leabanon		23d. LOCATION (City, town, or county) (State) St. Louis, Mo.
24. FUNERAL DIRECTOR Wingbermuehle Funeral Home			ADDRESS ST. Louis, Mo. DATE RECD. BY LOCAL REG. June 17 1956		25. REGISTRAR'S SIGNATURE Ruth Jura

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diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
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**JEFFERSON COUNTY HEALTH DEPT.
MILLSBORO, MISSOURI**

DATE RECEIVED

JUN 20 1956

JUN 20 1956

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 *Geo J. Kuehner*
Licensed Embalmer No. 3
P. O. Address *Alt. J...*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.