

**STANDARD CERTIFICATE OF DEATH**

S. No. 300  
V. 10.48

FILED SEP 6 1956

State File No. **28213**  
Registrar's No. **7721**

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 <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) <b>2605 Missouri Avenue</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Enroute to City Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>JOSEPH</b>	b. (Middle) <b>O.</b>	c. (Last) <b>CHOATE</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>8 18 56</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>6-7-1895</b>
9. AGE (In years last birthday) <b>61</b>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Elevator Operator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Unemployed</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Troy, Missouri</b>
			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Bailey Choate</b>	13b. MOTHER'S MAIDEN NAME <b>Ella Humphreys</b>	14. NAME OF HUSBAND OR WIFE <b>Georgia Choate</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Georgia Choate, 2605 Missouri Ave.</b>

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, atherosclerosis, 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) <b>Strangulation due to hanging when deceased laughed</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>due to (b) self in room #16 of the Grand Hotel at 2801 So Broadway on August 18 1956 about 8:00 o'clock a.m.</b>		
	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 <b>8:00 o'clock a.m. E974x</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Suicide</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory or street, office bldg., etc.) <b>Hotel</b>	21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Mo</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Aug 18 56 3:00 a.m.</b>	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 **3:00 A** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Patrick F. Taylor Carver</b>	Degree or title <b>3</b>	23b. ADDRESS <b>1300 Clark</b>	23c. DATE SIGNED <b>8-20-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	DATE <b>8-21-1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Missouri</b>

DATE REC'D BY LOCAL REG. <b>AUG 20 1956</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith m.d.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>McLaughlin F.H., Inc., 2301 Lafayette</b>
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S.P. Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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.....  
*L.P. Cooper*

Licensed Embalmer No.....  
*363*

P. O. Address.....  
*2317 Lafa*

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.