Health,
& Welfare
Public
Service

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6. 300
. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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

FILED SEP 6 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

29232

STATE FILE NUMBER 7168

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): City Hospital — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 714 Allen Av. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Harold Middle: F Last: Townsley

4. DATE OF DEATH: Month Aug. Day 1 Year 1956

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: Aug. 17/1919

9. AGE (In years last birthday): 36 — 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): Tree Pruner

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Cantrell, Missouri

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: James Townsley

14. MOTHER'S MAIDEN NAME: Eula Graves

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): ww 2

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Rollo Townsley Address: 9517 Bellefontaine Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bullet Wound of Skull Ed Trauma
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) E981x
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☑

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18) Suspect who shot victim up. Records of unknown party or parties at the Security of 1040 Mississippi ave

20c. TIME OF INJURY: Hour 1140 p. m. Month 8 Day 1 Year 56

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office Bldg., etc.): Street

20f. CITY, TOWN, OR LOCATION: St Louis COUNTY: Mo STATE:

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 1155 p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Talmadge E Taylor (Degree or title) Coroner

22b. ADDRESS: 13 Ave Clark

22c. DATE SIGNED: 8/4/56

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 8/3/56

23c. NAME OF CEMETERY OR CREMATORY: National Cemetery

23d. LOCATION (City, town, or county) (State): Jefferson Barracks, Mo.

24. FUNERAL DIRECTOR: Edward Fendler ADDRESS: 5611 South Grand Blvd.

25. DATE RECD. BY LOCAL REG.: AUG 3 1956

26. REGISTRAR'S SIGNATURE: Earl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Harry J. Schum

Licensed Embalmer No. 26

P. O. Address 5611 S

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