

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

RECORDED JAN 29 1957

318

1003

STATE FILE NUMBER 3125
403

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis,		c. CITY OR TOWN St. Louis,	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital		d. STREET ADDRESS 1916 Hickory	
3. NAME OF DECEASED (Type or print) First Thedford Middle Sumpter Last		4. DATE OF DEATH Month Jan. Day 12, Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH August 20, 1925
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10b. KIND OF BUSINESS OR INDUSTRY Paint Co.	11. BIRTHPLACE (City and state or country) Buick, Missouri.
13. FATHER'S NAME Clarence Sumpter		14. MOTHER'S MAIDEN NAME Elzline Barton,	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. Nil.		16. SOCIAL SECURITY NO. unknown	17. INFORMANT Nadine Sumpter, 1916 Hickory St.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 1. Fracture of skull; 2. Epidural hematoma, suffered when struck with wagon spoke in hands of one Cedric Covington (col.) aided and abetted by Rozina Calhoun (col.) Ora Lee Terrell (col) and James Orr (col.) in vicinity of Mississippi and LaSalle Sts., about Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) in vicinity of Mississippi and LaSalle Sts., about DUE TO (c) in vicinity of Mississippi and LaSalle Sts., about PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 12:30 A.M. January 12, 1957 HOMICIDE			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) See above E983x		
20c. TIME OF INJURY Hour 1230 a. m. Month 1 Day 12 Year 57	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION St Louis Mo		
21. I attended the deceased from 110P to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Patrick E. Taylor Coroner (Degree or title)		22b. ADDRESS 300 Clark	22c. DATE SIGNED 1-14-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE JAN 14 '57	23c. NAME OF CEMETERY OR CREMATORY Local	23d. LOCATION (City, town, or county) (State) Buick, Mo.
24. FUNERAL DIRECTOR Albert H. Hoppe 4700 Washington,		25. DATE RECD. BY LOCAL REG. JAN 14 '57	26. REGISTRAR'S SIGNATURE Carl Smith mo

(Licensed Embalmer's Statement on Reverse Side)

health, Welfare public service
300 0
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 casually related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.....
Ernie R. Cadwell

Licensed Embalmer No. *40*

P. O. Address *St. Louis*

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.