

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

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

6018
 STATE FILE NUMBER
 1001

FILED FEB 25 1957

79579-56 Registration District No. 318 Primary Registration District No. 1003 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, Mo.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4156a Fairfax		Length of stay in lb		d. STREET ADDRESS (If outside, give location) 4156a Fairfax Ave.	
3. NAME OF DECEASED (Type or print) Gerald Booker		First Middle Last		4. DATE OF DEATH Jan. 28, 1957	
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	
8. DATE OF BIRTH Nov. 4, 1956		9. AGE (In years last birthday) 0		IF UNDER 1 YEAR Months 2 Days 24 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. FATHER'S NAME Hubert Booker		14. MOTHER'S MAIDEN NAME Ophelia Warren	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Mrs. Ophelia Booker 4156a Fairfax	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Suffocation; Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					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 II, item 18.) When child was found in body buggy in his home about			
20c. TIME OF INJURY 1000 a. m. 1 28 57 1957		20d. PLACE OF INJURY (of, in or about home, farm, factory, street, office bldg., etc.) Home			
20e. CITY, TOWN, OR LOCATION St. Louis Mo		20f. COUNTY 000		20g. STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 1040 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Patrick J. Taylor Coroner		22b. ADDRESS 1300 Clark		22c. DATE SIGNED 1-31-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 2-1-1957		23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	
23d. LOCATION (City, town, or county) St. Louis County		23e. (State) Mo.		24. FUNERAL DIRECTOR ADDRESS G. Wade Granberry 4202 Finney Ave.	
25. DATE RECD. BY LOCAL REG. JAN 31 '57		26. REGISTRAR'S SIGNATURE J. Carl Smith MD			

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 *Melvin E. Green*

Licensed Embalmer No. *44*

P. O. Address *H. Lane*

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.