

XC 198 72 06
SL 12593

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14522

STATE FILE NUMBER

FILED MAY - 8 1957

318

1003

Registrar's 3891

Registration District No. _____ Primary Registration District No. _____

Health,
& Welfare
Public
Service

S. 300
1-56 0

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

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 915 N Grand St. Louis, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input 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 V. A. HOSPITAL		Length of stay in lb 92 Days	d. STREET ADDRESS 1604 Franklin Ave.		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) JOHN BULLOCKS			4. DATE OF DEATH 4/19/57		
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12/14/88	9. AGE (In years last birthday) 68 yrs.	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Unknown	11. BIRTHPLACE (City and state or country) Decatur, Alabama		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Sam Bullocks			14. MOTHER'S MAIDEN NAME Savanna Taylor		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. 488-12-1530	17. INFORMANT Address V.A.HOSPITAL RECORDS- ST. LOUIS, 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) Carcinoma of tongue					INTERVAL BETWEEN ONSET AND DEATH Unk.
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)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> NONE			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) - - -		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. - - -					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from 1/17/57 to 4/19/57 and last saw xxx him alive on 4/19/57 Death occurred at 3:20 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>W. R. [Signature]</i>		Degree or title M.D.	22b. ADDRESS VAHOSPITAL ST. LOUIS 6 MO.		22c. DATE SIGNED 4/19/57
23a. BURIAL, CREMATION, REMOVAL (Specify Removal)		23b. DATE 4-24-57	23c. NAME OF CEMETERY OR CREMATORY National Cem.	23d. LOCATION (City, town, or county) (State) Jefferson, Barracks, Mo.	
24. FUNERAL DIRECTOR <i>J. D. Richardson</i>			ADDRESS 2625 Glasgow Ave.	25. DATE RECD. BY LOCAL REG. APR 23 '57	26. REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>

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 *A.P. Richardson*

Licensed Embalmer No. 292

P. O. Address 2625 Glass

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.