

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016829
STATE FILE NUMBER

FILED MAY 12 1958

Registration District No. 317 Primary Registration District No. 548 Registrar's No. 1175

4007

1. PLACE OF DEATH a. COUNTY ST LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN WEBSTER GROVES Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN WEBSTER GROVES Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 125 REASNOR Length of stay in 1b 5 YRS		d. STREET ADDRESS (If outside, give location) 125 REASNOR Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First PAUL Middle WASHINGTON Last JR			4. DATE OF DEATH April 25, 1958 Month Day Year		
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 OCT 6, 1949	9. AGE (In years last birthday) 8	IF UNDER 1 YEAR: Months Days 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) GRENADA MISSISSIPPI		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME PAUL WASHINGTON			14. MOTHER'S MAIDEN NAME ORA LEE JEFFERSON		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yrs. give war or dates of service)		16. SOCIAL SECURITY NO. NONE	17. INFORMANT Paul Washington Address 125 Reasnor		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carbon monoxide poisoning, plus severe burns		INTERVAL BETWEEN ONSET AND DEATH
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 checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Burned in fire in home
20c. TIME OF INJURY Hour Month, Day, Year 8:30 a.m. 4/25/58	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) bedroom of home
	20f. CITY, TOWN, OR LOCATION Webster Groves COUNTY St. Louis STATE Mo.

21. I attended the deceased from _____ 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 (Degree or title) Jayme H. Kirtson Coroner	22b. ADDRESS Clayton, Mo.	22c. DATE SIGNED 5/1/58
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23a. BURIAL CREMATORY (Specify) Central	23b. DATE Apr 30, 58	23c. NAME OF CEMETERY OR CREMATORY Father Kirtson	23d. LOCATION (City, town, or county) (State) Crestwood Mo
24. FUNERAL DIRECTOR J J Yandell Son ADDRESS 1776 E Kirtson	25. DATE RECD. BY LOCAL REG. 4-29-58	26. REGISTRAR'S SIGNATURE Herbert P. Doud	

(Licensed Embalmer's Statement on Reverse Side)

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

alth, Welfare Public Service

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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.....
Richard J. Young

Licensed Embalmer No. *42*

P. O. Address *4300
Webster Street*

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.