

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023968

STATE FILE NUMBER

FILED JUL 11 1958 Registration District No. 317 Primary Registration District No. 590540 Registrar's No. 1745

Health,
Welfare
Public
Service

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside limits, give TOWNSHIP only) OR TOWN <u>So. Kinloch Park</u>		c. CITY OR TOWN <u>4000 So. Kinloch Park</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST LOUIS COUNTY HOSP</u>		d. STREET ADDRESS (If outside, give location) <u>351 CARSON Rd.</u>	
3. NAME OF DECEASED (Type or print) First <u>Jasper</u> Middle <u>L.</u> Last <u>Neil</u>		4. DATE OF DEATH Month <u>6</u> Day <u>27</u> Year <u>58</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>4-11-23</u>
9a. AGE (In years last birthday) <u>35</u>		9b. IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LAB.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. Pacific Rail</u>	
11. BIRTHPLACE (City and state or country) <u>MARVIN Ark. 1</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>Charlie Neil</u>		14. MOTHER'S MAIDEN NAME <u>Roselee James</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u> <u>WW II</u>		16. SOCIAL SECURITY NO. <u>unk</u>	
17. INFORMANT <u>Nations Neil</u>		Address <u>3031 FAIR AVE</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Penetrating wound of left ventricle of the heart with massive hemorrhage into pericardial sac and left pleural space</u> DUE TO (b) <u> </u> DUE TO (c) <u> </u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>E982X</u>			INTERVAL BETWEEN ONSET AND DEATH <u> </u>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> <u>Open Verdict</u>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Stab wound received during course of struggle at tavern</u>	
20c. TIME OF INJURY Hour <u>12:45</u> Month <u>7</u> Day <u>27</u> Year <u>58</u> a. m. <u>PM</u>		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.) <u>tavern</u>		20f. CITY, TOWN, OR LOCATION <u>Kinloch</u>	
20g. COUNTY <u>St. Louis</u>		20h. STATE <u>Mo.</u>	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Raymond Hain</u> (Degree or title) <u>Coroner</u>		22b. ADDRESS <u>Clayton, Mo.</u>	
22c. DATE SIGNED <u>7/3/58</u>		23a. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>	
23b. LOCATION (City, town, or county) <u>Jefferson Parish, La.</u>		23c. STATE <u>Mo.</u>	
24. FUNERAL DIRECTOR <u>J. McClendon</u>		25. DATE RECD. BY LOCAL REG. <u>7-1-58</u>	
26. REGISTRAR'S SIGNATURE <u>Herbert R. Dombke</u>		27. ADDRESS <u> </u>	

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 *Arthur L. Hubbard*

Licensed Embalmer No. *428*
P. O. Address *3100 Eo*

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.