

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034182

STATE FILE NUMBER

9415

FILED OCT 10 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

S. 300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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		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 01 2845 ST. LOUIS AVE		Length of stay in lb 17 yr	d. STREET ADDRESS (If outside, give location) 1207 2845 ST. LOUIS AVE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MIDDLE Last JAMES LEE ENGLAND			4. DATE OF DEATH Month Day Year SEPT 30 1958		
5. SEX MALE <input checked="" type="radio"/>	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH NOV 16 1940		9. AGE (In years last birthday) 17 yr
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAINTENANCE		10b. KIND OF BUSINESS OR INDUSTRY STORM WINDOW CO.	11. BIRTHPLACE (City and state or country) MARSHALL MISSOURI 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME WILLIAM ENGLAND		13b. MOTHER'S MAIDEN NAME MARY PHILLIPS		14. NAME OF HUSBAND OR WIFE NONE	
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. *****497-42-9867		17. INFORMANT ALICE POND Address 2854 ST. LOUIS AVE	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Suffocation by Hanging</i>					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) <i>E974x</i>					
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 checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input checked="" type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. Enter nature of injury in PART I. PART II of item 20a. <i>Deceased jumped off in basement of house.</i>		
20c. TIME OF INJURY Hour a.m. p.m. <i>9 30 58</i>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, shop, office bldg., etc.) <i>Home</i>			
20e. CITY, TOWN, OR LOCATION <i>St Louis Mo.</i>		20f. COUNTY STATE			
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <i>405 P.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Patrick J. Taylor Carmel</i>			22b. ADDRESS <i>1300 Clark</i>		22c. DATE SIGNED <i>10/1/58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE OCT 4 1958	23c. NAME OF CEMETERY OR CREMATORY MARSHAL RIDGE PARK CEMETERY		23d. LOCATION (City, town, or county) (State) MARSHAL MISSOURI
24. FUNERAL DIRECTOR BEIDERWIEDEN F.H. INC 1936 ST. LOUIS. AVE,			25. DATE RECD. BY LOCAL REG. OCT 2 '58		26. REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>

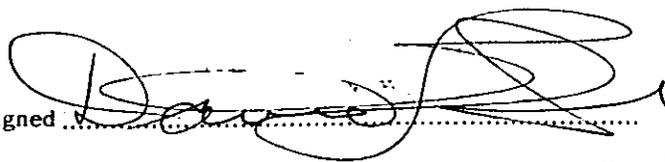
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STATEMENT BY LICENSED EMBALMER

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 

Licensed Embalmer No. 4520
P. O. Address St. Louis

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.