

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016286
STATE FILE NUMBER

LED APR 20 1959 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 975

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) OR TOWN Creve Couer		c. CITY OR TOWN Elmwood Park	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Vidus Quarry		d. STREET ADDRESS (If outside, give location) 1432 Elmwood	

3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM H. FORTUNE			4. DATE OF DEATH Month Day Year 4 8 1959		
5. SEX Male 2	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 JAN. 15, 1933	9. AGE (In years last birthday) 26	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Driller		10b. KIND OF BUSINESS OR INDUSTRY Vidus Quarry		11. BIRTHPLACE (City and state or country) Creve Couer, Mo.	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME James Shelton Fortune		13b. MOTHER'S MAIDEN NAME Carrie Noles	
14. NAME OF HUSBAND OR WIFE Regina Fortune		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes Korean War		16. SOCIAL SECURITY NO. 491-32-1407	
17. INFORMANT Regina Fortune		Address 1432 Elmwood			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Penetrating head injury due to "I" beam producing extensive brain damage and shock			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) _____			9102
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.) Boom fell on top of subject at bottom of quarry	
20c. TIME OF INJURY Hour Month, Day, Year 5:15 p.m. 4/8/59		while he was operating a movable air drill	
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) Vigus Quarry	
20f. CITY, TOWN, OR LOCATION Rural		COUNTY STATE St. Louis Missouri	

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 (Degree or title) <i>Raymond Hand</i> Coroner		22b. ADDRESS Clayton, Mo.
22c. DATE SIGNED 4/14/59		

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/14/59	23c. NAME OF CEMETERY OR CREMATORY Musick Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
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24. FUNERAL DIRECTOR Charles J. Gates	ADDRESS 4107 Finney	25. DATE RECD. BY LOCAL REG. 4-10-59	26. REGISTRAR'S SIGNATURE <i>John P. Murphy, M.D.</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MAY 1 8 1939

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.....4580.....

P. O. Address.....4107 Finney.....

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.