

health, Welfare, Public service
 0000-1-56
 ALL diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

19009
 STATE FILE NUMBER
 4450
 Registrar's No.

FILED MAY 24 1957

Registration District No. 318 Primary Registration District No. 1003

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 Saint Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Saint 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 City Hospital			Length of stay in 1b 3 days		STREET ADDRESS 5243 Loughborough		(If outside, give location) Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Jewell Middle Emery Last McGirk				4. DATE OF DEATH Month 5 Day 9 Year 1957			
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 6-30-1891		9. AGE (In years last birthday) 65	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic (Retired)		10b. KIND OF BUSINESS OR INDUSTRY Automobile		11. BIRTHPLACE (City and state or country) McGirk, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Robert McGirk				14. MOTHER'S MAIDEN NAME Mary Jones			
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. Yes		17. INFORMANT Mrs Juanita Thompson 5243 Loughbrough			
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>Subdural Hematoma;</i> <i>Fracture of the Left Leg;</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Fracture of the Left Leg;</i> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>Slipped when struck by car</i>							INTERVAL BETWEEN ONSET AND DEATH
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) <i>operated by car. Struck below the front of about 6600 Chippewa</i>					
20c. TIME OF INJURY Hour 9:15 a. m. Month, Day, Year 4 29 57		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>14 Street</i>					
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION St Louis		20g. COUNTY MO		20h. STATE 8124	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <i>6:15 A</i> m on the date stated above; and to the best of my knowledge from the causes stated.							
22a. SIGNATURE (Name or title) <i>Patrick Taylor Casauer</i>				22b. ADDRESS <i>1300 Clark</i>		22c. DATE SIGNED <i>5.9.57</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5-11-1957	23c. NAME OF CEMETERY OR CREMATORY Enon Cemetery		23d. LOCATION (City, town, or county) Enon		23e. STATE Missouri
24. FUNERAL DIRECTOR Hoffmeister Colonial Mortuary				25. DATE RECD. BY LOCAL REG. MAY 9 '57		26. REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>	

6464 Chippewa St St. Louis, Missouri (Licensed Embalmers' Statement on Reverse Side)

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 *D. C. Bennett*

Licensed Embalmer No. *47*

P. O. Address *St. Louis*

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.