THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File Number 59-003669

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 2 1014

FILED FEB 10 1959

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St Louis Mo — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 1244 No. Union in alley — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY:
c. CITY OR TOWN: St Louis — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): Unk — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Unk Middle: Baby Last:
4. DATE OF DEATH: Month 1 Day 7 Year 59
5. SEX: Male
6. COLOR OR RACE: Negro
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Unknown
9. AGE (In years last birthday): Newborn — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unk
10b. KIND OF BUSINESS OR INDUSTRY: Unk
11. BIRTHPLACE (City and state or country): Mo
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unk
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unk — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: Unk
17. INFORMANT: V. C. Taylor Gr — Address: 1300 Clark

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Exposure!
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Found in Rear of 1244 No. Union
DUE TO (c): on Jan. 7, 1959 about 3:15 P.M.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): May Mr. Robert Kohl

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐ 1

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☒
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.): Found in Rear
20c. TIME OF INJURY: Hour a. m. p. m. 3:00 — Month, Day, Year 1/7/59 — 1244 No. Union — E9830
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Alley
20f. CITY, TOWN, OR LOCATION: St Louis — COUNTY: — STATE: Mo

21. I attended the deceased from ..... to ..... and last saw her/him alive on ..... Death occurred at 5:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Joseph Bernard Quinn M.D. Coroner
22b. ADDRESS: 1300 Clark
22c. DATE SIGNED: 1/10/59

23a. BURIAL, CREMATION, REMOVAL (Specify):
23b. DATE: 1-31-59
23c. NAME OF CEMETERY OR CREMATORY: Anatomical Board
23d. LOCATION (City, town, or county) (State): St. Louis, Mo.

24. FUNERAL DIRECTOR: Rowland-Aker Mortuary Service
ADDRESS: 4104 Manchester Ave. St. Louis 10, Mo
(Licensed Embalmer's Statement on Reverse Side)

25. DATE RECD. BY LOCAL REG.: JAN 29 '59
26. REGISTRAR'S SIGNATURE: Karl Smith MD MSB

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.