

**MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-041680**

**FILED VS NOV 3 0 1959**

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. **210543**

UNRECORDED

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MO.</i> b. COUNTY									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Length of stay in 1b		c. CITY OR TOWN <i>St. Louis</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Homer S. Phillips</i>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside of location) <i>744 Walton</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <i>James</i> Middle <i>Howard</i> Last <i>Coffman</i>				4. DATE OF DEATH Month <i>Nov</i> Day <i>13</i> Year <i>59</i>									
5. SEX <i>Male</i>		6. COLOR OR RACE <i>Negro</i>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>9/19/51</i>		9. AGE (last birthday) <i>8</i>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Infant</i>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and state or country) <i>St. Louis MO</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>			
13a. FATHER'S NAME <i>James Coffman</i>				13b. MOTHER'S MAIDEN NAME <i>Flora Dickerson</i>				14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>				16. SOCIAL SECURITY NO. <i>NONE</i>				17. INFORMANT <i>James Coffman 5169 Vernon</i> Address					
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>Fractured Neck</i> <i>Fractured Skull.</i> DUE TO (b) <i>983X</i> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (See instructions on reverse side) (a) <i>struck with bottle</i> <i>from the floor (not) and</i> <i>about Feb. 27, 1959, in</i> <i>area of elevator shaft at 744</i> <i>Walton Ave.</i>										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (See nature of injury in PART I or PART II of form) <i>struck with bottle from the floor (not) and about Feb. 27, 1959, in area of elevator shaft at 744 Walton Ave.</i>									
20c. TIME OF INJURY Hour <i>8</i> a.m. <i>11</i> p.m. Month, Day, Year <i>8 59</i>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, or other building, etc.) <i>Hotel</i>		20f. CITY, TOWN, OR LOCATION <i>St. Louis MO</i>						STATE			
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>Ray McQueen</i>				22b. ADDRESS <i>former 1300 Clark</i>				22c. DATE SIGNED <i>11/16/59</i>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>Nov 18/59</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Father Dickerson</i>				23d. LOCATION (City, town, or county) (State) <i>St. Louis Co., MO</i>					
24. FUNERAL DIRECTOR <i>F. A. Green 4214 Delmar</i>				25. DATE RECD. BY LOCAL REG. <i>NOV 16 1959</i>				26. REGISTRAR'S SIGNATURE <i>Loard Smith. M.D.</i>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 F. A. Green

Licensed Embalmer No. Not Embal

P. O. Address \_\_\_\_\_

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.