URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–041930

FILED VS NOV 1 9 1959

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's 210161

EENDED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b: 33 Yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Homer G. Phillips — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 3513 Franklin — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Waverly — Middle: COATLEY — Last: Haskins
4. DATE OF DEATH: Month: 11 — Day: 1 — Year: 59
5. SEX: Male
6. COLOR OR RACE: Negro
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: 10-8-1909
9. AGE (last birthday): 50 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10b. KIND OF BUSINESS OR INDUSTRY: CONSTRUCTION
11. BIRTHPLACE (City and state or country): WYNNE ARKANSAS
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: COATLEY HASKINS
13b. MOTHER'S MAIDEN NAME: MIARIA MOSLEY
14. NAME OF HUSBAND OR WIFE: UNKNOWN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.: 496-12-8068
17. INFORMANT: LONDON HASKINS — Address: ROUTE 3 poBox 140 WYNNE ARKANSAS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Carcinoma of Penis — INTERVAL BETWEEN ONSET AND DEATH: Undet.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 179.0
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 10-1-59, to 11-1-59 and last saw ~~XXX~~ her/him alive on 11-1-59
Death occurred at 10:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: B. Prophete MD (Degree or title)
22b. ADDRESS: 2601 N. Whittier St.
22c. DATE SIGNED: 11-5-59

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: 11/5/59
23c. NAME OF CEMETERY OR CREMATORY: FARTHER DICKSON CEMETERY
23d. LOCATION (City, town, or county) (State): ST. LOUIS. MISSOURI

24. FUNERAL DIRECTOR: John R. Houston — ADDRESS: 2812, THOMAS ST.
25. DATE RECD. BY LOCAL REG.: NOV 5 1959
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 m

or by This Body Not Embalmed, Student Embalmer No.

working under my personal supervision.

Student only Removed For Burial Signed

Signature of Student Embalmer

Licensed Embalmer No.

P. O. Address 2812 [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.