

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. JAN 28 1960

212104 - 59-047017

ENDED

Registral District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b	c. CITY OR TOWN <b>St. Louis</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>4133 Cook Avenue</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>4133 Cook</b>
			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>JOHN</b> Middle <b>MOOTRY</b> Last			4. DATE OF DEATH Month <b>Dec.</b> Day <b>25,</b> Year <b>1959</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3-27-1894</b>	9. AGE (last birthday) <b>65</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Self Employed</b>		11. BIRTHPLACE (City and state or country) <b>Oakland, Tennessee</b>	
12. CITIZEN OF WHAT COUNTRY <b>U. S. A</b>		13a. FATHER'S NAME <b>Sam Mootry</b>		13b. MOTHER'S MAIDEN NAME <b>Angeline ?</b>	
14. NAME OF HUSBAND OR WIFE <b>Elnora</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Viola Gilchrist</b>		Address <b>4164 Drexel Blvd</b>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Extensive Intra-cranial Hemorrhage**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Fractured Skull**

DUE TO (c) **Fractured Neck**

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

20. ACCIDENT SUICIDE HOMICIDE  
**Open Verdict**

20a. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  
**904.9 48**  
**Time, Place, Cause and Manner of same could not be determined**

20c. TIME OF INJURY  
Hour **3:50 p.** 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.)  
**290**

20f. CITY, TOWN, OR LOCATION COUNTY 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 (Degree or title)  
**Joseph M. Finney, Jr.**

22b. ADDRESS  
**1300 Clark**

22c. DATE SIGNED  
**12/29/59**

23a. BURIAL, CREMATION, REMOVAL (Specify)  
**Removal**

23b. DATE  
**12/31/59**

23c. NAME OF CEMETERY OR CREMATORY  
**Washington Park Cem.**

23d. LOCATION (City, town, or county) (State)  
**St. Louis County, Mo.**

24. FUNERAL DIRECTOR ADDRESS  
**Charles J. Gates, 4107 Finney Ave.**

25. DATE RECD. BY LOCAL REG.  
**DEC 30 1959**

26. REGISTRAR'S SIGNATURE  
**Carl Smith, P.D.**

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

m.f.b

**STATEMENT BY LICENSED EMBALMER**

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

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*Rayton Swan*

Licensed Embalmer No. 4580

P. O. Address 4107 Finney A

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.