

FEDERAL BUREAU OF INVESTIGATION - U.S. DEPARTMENT OF JUSTICE
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FILED VS FEB 1 0 1960

-60-004046

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **664**

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 St. Louis, Missouri		Length of stay in 1b	c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5140 Terry		
3. NAME OF DECEASED (Type or print) First William Middle Scott Last			4. DATE OF DEATH Month January Day 16 Year 1960			
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/24/1903	9. AGE (last birthday) 56	IF UNDER 1 YEAR Months Days 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 Unknown	11. BIRTHPLACE (City and state or country) Mississippi		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Joe Scott		13b. MOTHER'S MAIDEN NAME Annie Penkham		14. NAME OF HUSBAND OR WIFE U. S. A.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, No unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	17. INFORMANT Address Ada Scott 5140 Terry			
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 Fracture Skull. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITION (e.g., disease condition given in PART I) (b) struck by car operated by one profit of about 4709 National 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 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.) struck by car operated by one profit of about 4709 National				
20c. TIME OF INJURY 6:25 p.m.	Hour Month, Day, Year 1. 16 60 January 16 1960	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.) of Street				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. BEACH OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.) of Street	20f. CITY, TOWN, OR LOCATION St Louis Mo		COUNTY STATE		
21. I attended the deceased from _____ and last saw her/him alive on _____ Death occurred at 1100 P. m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) Patrick Taylor Curran			22b. ADDRESS 1300 Clark		22c. DATE SIGNED 1. 18 60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1/21/60	23c. NAME OF CEMETERY OR CREMATORY Washington Park	23d. LOCATION (City, town, or county) (State) Berkerely, Missouri			
24. FUNERAL DIRECTOR E. B. Keoncel		ADDRESS 1221 North Grand Blvd.	25. DATE RECD. BY LOCAL REG. JAN 19 1960	26. REGISTRAR'S SIGNATURE Head Smith, M.D. m. j. b.		

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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4758

P. O. Address 122/ND

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