URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS MAR 7 1960

-60-008204

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 1784

NDED

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 2804 Thomas — 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): 2804 Thomas — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Leonard — Middle: — Last: Fitzpatrick

4. DATE OF DEATH: Month 2 - Day 11 - Year 60

5. SEX: Male

6. COLOR OR RACE: Colored

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 12-12-59

9. AGE (last birthday) — IF UNDER 1 YEAR: Months 1, Days 29 — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baby

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Missouri

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Joe Allen

13b. MOTHER'S MAIDEN NAME: Sumria Fitzpatrick

14. NAME OF HUSBAND OR WIFE: Baby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Josephine Lacy — Address: 2806 Thomas

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Burns of 95% of body

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Carbon Monoxide poisoning 916.0

DUE TO (c): 16

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Suffered in fire

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.) In Home at 2804 Thomas Street about 1234 pm Feby 11th 1960. Cause of Fire caused not be determined by this Jury.

20c. TIME OF INJURY: Hour 1234 p.m. — Month, Day, Year: 2 11 60

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.): 21 Home

20f. CITY, TOWN OR LOCATION: St Louis — COUNTY: Mo — STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____

Death occurred at 115 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Patrick J. Taylor Coroner

22b. ADDRESS: 1300 Clark

22c. DATE SIGNED: FEB 10 1960

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

23b. DATE: 2-16-60

23c. NAME OF CEMETERY OR CREMATORY: Greenwood

23d. LOCATION (City, town, or county) (State): St. Louis County Missouri

24. FUNERAL DIRECTOR: Ellis Funeral Home — ADDRESS: 2820 Stoddard

25. DATE RECD. BY LOCAL REG.: FEB 16 1960

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

MJB

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

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

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. (Failure to co
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.