URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS MAR 7 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 1830 -60-008239 STATE FILE NUMBER

NDED

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,Mo — Length of stay in 1b

c. CITY OR TOWN St.Louis — Inside Limits Yes ☐ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) City Hospital No. 1 D.O.A. ~~Homer G.Phillips~~ — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 4245 Delmar Blvd — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First L. Middle ~~D.~~ B. Last Gary

4. DATE OF DEATH Month 2 Day 14 Year 1960

5. SEX Male

6. COLOR OR RACE Negro

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 11-9-1915

9. AGE (last birthday) 44 — 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 City of St.Louis Metrop.Sewer Dept.

11. BIRTHPLACE (City and state or country) Kilmicheal,Miss

12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME John Gary

13b. MOTHER'S MAIDEN NAME Lula Simmons

14. NAME OF HUSBAND OR WIFE Lurssie Gary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ~~No~~ Yes (If yes, give war or dates of service) ~~none~~ W.W. 2

16. SOCIAL SECURITY NO. 427-07-1330

17. INFORMANT Lurssie Gary Address 4245 Delmar Blvd

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

PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Pulmonary Tuberculosis right with abscess formation and caseous degeneration in the middle mediastinal region

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 CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 002x

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 _____ to _____ and last saw her/him alive on _____

Death occurred at 425 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 2.17.60

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

23b. DATE 2/19/60

23c. NAME OF CEMETERY OR CREMATORY National Cemetery

23d. LOCATION (City, town, or county) (State) Jefferson Barracks,Missouri

24. FUNERAL DIRECTOR C.W.Roberts Und.Co — ADDRESS 1416 N.Taylor Ave.

25. DATE RECD. BY LOCAL REG. FEB 17 1960

26. REGISTRAR'S SIGNATURE Karl Smith. M.D. MJB

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

3 L. B. Gary 3/14/60 nns
15 Yes, World War 2 No and None 3/14/60 nns
BY AFFIDAVIT OF Funeral Director DOCUMENT

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 _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed James A Carter

Licensed Embalmer No. 4681

P. O. Address St Louis M

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.