

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-008406

FILED VS. MAR 7 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 1541** STATE FILE NUMBER

| | | | | | | | |
|---|--|---|---|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MO.</i> b. COUNTY | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS</i> | | Length of stay in 1b <i>1 MO. 18 DAYS</i> | | c. CITY OR TOWN <i>ST. LOUIS</i> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>D.O.A. CITY HOSPITAL</i> | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <i>1415th DESTRAHAM</i> | | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last <i>SHELDON KEITH JAMES</i> | | | | 4. DATE OF DEATH Month Day Year <i>2 9 1960</i> | | | |
| 5. SEX <i>M</i> | 6. COLOR OR RACE <i>W</i> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH <i>12/21/59</i> | 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. <i>1 18</i> | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>NONE</i> | | 10b. KIND OF BUSINESS OR INDUSTRY <i>NIL</i> | | 11. BIRTHPLACE (City and state or country) <i>ST. LOUIS, MO</i> | | 12. CITIZEN OF WHAT COUNTRY <i>USA</i> | |
| 13a. FATHER'S NAME <i>BENJAMIN JAMES</i> | | | 13b. MOTHER'S MAIDEN NAME <i>LAVERNE GORDON</i> | | 14. NAME OF HUSBAND OR WIFE <i>NIL</i> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i> | | 16. SOCIAL SECURITY NO. <i>NONE</i> | | 17. INFORMANT Address <i>BENJAMIN JAMES 1415th DESTRAHAM</i> | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Bilateral Pneumonia</i> | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>3rd degree burn of back and buttocks</i> | | | | | | | |
| DUE TO (c) | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>suffered when mother of deceased</i> | | | | 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 checked="" 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.) <i>blow in an attempt to revive her on February 9th</i> | | | | | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year <i>2 9 60 1960</i> | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i> | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE <i>St Louis MO 9160</i> | | |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at: <i>950 A</i> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Typed or title) <i>Archie E. Taylor, Coroner</i> | | | | 22b. ADDRESS <i>1310 Clark Ave.</i> | | 22c. DATE SIGNED <i>2-10-60</i> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i> | 23b. DATE <i>2-11-1960</i> | 23c. NAME OF CEMETERY OR CREMATORY <i>FRIEDENS CEM.</i> | | 23d. LOCATION (City, town, or county) (State) <i>ST. LOUIS MO</i> | | | |
| 24. FUNERAL DIRECTOR ADDRESS <i>SUEDMEYER SONS 3934 N. 20TH</i> | | | 25. DATE RECD. BY LOCAL REG. <i>FEB 10 1960</i> | | 26. REGISTRAR'S SIGNATURE <i>Loard Smith. M.D.</i> | | |

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 J. Wm Dinkley

Licensed Embalmer No. 3653

P. O. Address St. Louis

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.