

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 24 1960

60-012643

2 2735

STATE FILE NUMBER

INDEXED

Registration 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) a. STATE <b>Missouri</b> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b <b>Life</b>		c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Homer G. Phillips Hospital</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>2713 Stoddard St.</b>	
3. NAME OF DECEASED (Type or print) First <b>ROBERT</b> Middle Last <b>GREEN</b>				4. DATE OF DEATH Month <b>March</b> Day <b>6</b> Year <b>1960</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Col.</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12-19-1957</b>	9. AGE (last birthday) <b>2</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>17</b>	IF UNDER 24 HR Hours <b>17</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Nil</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Clifton Green</b>			13b. MOTHER'S MAIDEN NAME <b>Shirley Mae Jackson</b>			14. NAME OF HUSBAND OR WIFE <b>—</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. <b>None</b>		17. INFORMANT <b>William Jackson 4218 Washington 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) <b>2nd and 3rd degree burns of 98% of body.</b> DUE TO (b) <b>9/16.0/16</b> DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						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)						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 THE OCCASION (Enter cause of injury in PART I or PART II of item 18.) <b>Suffocated in fire in house about 1100 pm</b>					
20c. TIME OF INJURY <b>1100</b> Hour <b>3:46</b> Month, Day, Year <b>March 4th 1960</b>	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.) <b>Home</b>		20f. CITY, TOWN, OR LOCATION <b>St Louis Mo</b>		COUNTY STATE
21. I attended the deceased from <b>645P.</b>				and last saw her alive on _____			
Death occurred at _____				on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deputy or title) <b>Paul Johnson Deputy Coroner</b>			22b. ADDRESS <b>1300 Clark</b>			22c. DATE SIGNED <b>3/8/60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>3-11-60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>	
24. FUNERAL DIRECTOR <b>J. H. RANDLE &amp; SON 3133 Bell Ave.</b>			25. DATE RECD. BY LOCAL REG. <b>MAR 8 1960</b>		26. REGISTRAR'S SIGNATURE <b>Loan Smith M.D.</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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_, working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*James W. Handley*  
*John N. Harris*

Licensed Embalmer No. 4158

P. O. Address 1181 7th

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.