

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

FILED VS APR 22 1960

60-017634
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1239

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">St. Louis</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <p style="text-align: center;">Clayton</p>		c. CITY OR TOWN <p style="text-align: center;">Normandy</p>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <p style="text-align: center;">St. Louis County Hosp.</p>		d. STREET ADDRESS (If outside, give location) <p style="text-align: center;">6914 Natural Bridge</p>	

3. NAME OF DECEASED (Type or print) <p style="text-align: center;">Annie Proctor</p>			4. DATE OF DEATH <p style="text-align: center;">Apr. 14, 1960</p>		
5. SEX <p style="text-align: center;">Female</p>	6. COLOR OR RACE <p style="text-align: center;">White</p>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <p style="text-align: center;">11/1/83</p>	9. AGE (last birthday) <p style="text-align: center;">76</p>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">Housewife</p>		10b. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center;">Home</p>	11. BIRTHPLACE (City and state or country) <p style="text-align: center;">Ireland</p>		12. CITIZEN OF WHAT COUNTRY <p style="text-align: center;">USA</p>
13a. FATHER'S NAME <p style="text-align: center;">Patrick O'Neill</p>		13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Rose Shay</p>		14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">Thomas L. Proctor</p>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p style="text-align: center;">No</p>		16. SOCIAL SECURITY NO. <p style="text-align: center;">none</p>		17. INFORMANT Address <p style="text-align: center;">Thomas L Proctor 6914 Natural Bridge</p>	

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) <p style="text-align: center;">Multiple injuries, shock and hemorrhage</p>		
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)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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.) <p style="text-align: center;">Pedestrian struck by auto while crossing from south to north side of Natural Bridge Road in the 6900 block</p>
20c. TIME OF INJURY Hour: <p style="text-align: center;">8:10</p> Month, Day, Year: <p style="text-align: center;">4/14/60</p>	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.) <p style="text-align: center;">public road</p>
		20f. CITY, TOWN, OR LOCATION COUNTY STATE <p style="text-align: center;">Beverly Hills St. Louis Missouri</p>

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

10.30 P

 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <p style="text-align: center;"><i>Raymond H. ...</i> Coroner Clayton, Mo.</p>		22b. ADDRESS	22c. DATE SIGNED <p style="text-align: center;">4/19/60</p>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<p style="text-align: center;">Removal</p>	<p style="text-align: center;">4/18/60</p>	<p style="text-align: center;">Calvary</p>	<p style="text-align: center;">St. Louis Mo</p>
24. FUNERAL DIRECTOR ADDRESS <p style="text-align: center;">E. J. Schnur 3125 Lafayette</p>		25. DATE RECD. BY LOCAL REG. <p style="text-align: center;">4-15-60</p>	26. REGISTRAR'S SIGNATURE <p style="text-align: center;"><i>John G. ...</i></p>

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 Thomas R. Fenwick

Licensed Embalmer No. 3793

P. O. Address 3125 Lafayette

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.