

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-021238

FILED VS MAY 25 1960

318

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5239

STATE FILE NUMBER

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 Missouri b. COUNTY									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 5338 Vernon Street		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Jessie Middle MMN Last McClure				4. DATE OF DEATH Month 5 Day 16 Year 60									
5. SEX Male		6. COLOR OR RACE Negro		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5-10-1912		9. AGE (last birthday) 48		IF UNDER 1 YEAR Months 0 Days 6		IF UNDER 24 HR Hours 6 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labored			10b. KIND OF BUSINESS OR INDUSTRY None			11. BIRTHPLACE (City and state or country) Mississippi			12. CITIZEN OF WHAT COUNTRY U.S.A.				
13a. FATHER'S NAME Grant McClure				13b. MOTHER'S MAIDEN NAME Pearl Fraizer				14. NAME OF HUSBAND OR WIFE None					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. ?		17. INFORMANT Mrs. Pearl Tubb				Address: Cleveland, Miss. 1028 Christmas St.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound of Neck DUE TO (b) Cardiac Arrest DUE TO (c) Acute Pulmonary Oedema 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) Shot with gun										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 type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Refer to Part I or PART II of Form 18) in hands of party at parties unknown during holdup in front of about 560 Vernon Ave									
20c. TIME OF INJURY Hour 1200 a.m. Month, Day, Year 5 15 60		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		20f. CITY, TOWN, OR LOCATION St Louis Mo 981x									
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 1020 A m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) Joseph D. Smith						22b. ADDRESS 1300 Clark			22c. DATE SIGNED 5-18-60				
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5-20-60		23c. NAME OF CEMETERY OR CREMATORY Washington Park			23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri						
24. FUNERAL DIRECTOR Ellis Funeral Home				ADDRESS 2820 Stoddard St.		25. DATE RECD. BY LOCAL REG. MAY 18 1960		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

in JB

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

Arthur E. Calkin

Licensed Embalmer No. 498

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.