

FEDERAL BUREAU OF INVESTIGATION
 FBI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

5292-60-021571
 STATE FILE NUMBER

FILED VS. JUN 6 1960
 Registration District No. 318

Primary Registration District 1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		Length of stay in 1b 2 months	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 ST. LOUIS CITY HOSP #1.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4243 DeTonty Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First FRED Middle STALLINGS Last			4. DATE OF DEATH Month MAY Day 19 Year 1960.			
---	--	--	--	--	--	--

5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Dec 29, 1879	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
-----------------------	----------------------------------	---	---	-------------------------------------	---	------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Amatorp Corp.	11. BIRTHPLACE (City and state or country) New Harmony, Ind.	12. CITIZEN OF WHAT COUNTRY USA
---	---	--	---

13a. FATHER'S NAME Elijah Stallings	13b. MOTHER'S MAIDEN NAME Rhoda Axton	14. NAME OF HUSBAND OR WIFE Ollie Stalling s
---	---	--

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. 488-05-4322	17. INFORMANT Raymond Stallings 116 No. 8th
---	---	---

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 2 days 2 days YRS
IMMEDIATE CAUSE (a) MYOCARDIAL INFARCT			
DUE TO (b) THROMBOSIS CORONARY ARTERY			
DUE TO (c) GENERALIZED ARTERIOSCLEROSIS			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) FRACTURE LEFT HIP 420.1F	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.) WALKING II. FELL AT HOME ON 4/3/60 - WAS CONSCIOUS
---	--	---

20c. TIME OF INJURY 9:45 p.m.	Month, Day, Year 4 3 60
---	-----------------------------------

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.) HOME	20f. CITY, TOWN, OR LOCATION MAY	COUNTY CITY	STATE MO.
---	---	--	-----------------------	---------------------

21. I attended the deceased from 4.3.60. to 5.19.60. and last saw her/him alive on 5.19.60. Death occurred at 4:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. Yates Trotter 26193	22b. ADDRESS 1515 LAFAYETTE.AVE.	22c. DATE SIGNED 5.19.60.
---	--	-------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE May 23, 1960	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.	23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
---	----------------------------------	---	---

24. FUNERAL DIRECTOR Kutis Funeral Home, Inc. 2906 Gravois	ADDRESS	25. DATE REC'D BY LOCAL REG. MAY 20 1960	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.
--	---------	--	--

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

nn

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

James O. Hill

Licensed Embalmer No. 434

P. O. Address 2906

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.