

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 1 2 1960

-60-024425

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **6365**

STATE FILE NUMBER

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, Missouri		Length of stay in U.S.	c. CITY OR TOWN St. Louis, Missouri Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA Homer G. Phillips		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5659 St. Louis Avenue Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Everett Middle L. Last Culberson			4. DATE OF DEATH Month June Day 19 Year 1960		
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 1/23/1938	9. AGE (last birthday) 22	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter		10b. KIND OF BUSINESS OR INDUSTRY 905 Store	11. BIRTHPLACE (City and state or country) Philadelphia, Miss.		12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Irvin Culberson	13b. MOTHER'S MAIDEN NAME Verna Perryman	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)] Yes	16. SOCIAL SECURITY NO. None	17. INFORMANT Address Marjorie Chambers 5659 St. Louis

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Subdural Hemorrhage DUE TO (b) Multiple Fractures DUE TO (c)		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) Suffered when struck		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 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.) Car operated by auto. James Ward in front of
20c. TIME OF INJURY Hour 3:45 a.m. Month, Day, Year 6 1960 about 5655 St Louis Ave.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 06 Street
20f. CITY, TOWN, OR LOCATION St Louis Mo		COUNTY STATE

21. I attended the deceased from **410 A** to **her** and last saw **him** alive on **June 19 1960**
Death occurred at **410 A** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Patrick E Taylor Coroner	22b. ADDRESS 1300 Clark	22c. DATE SIGNED 6-22-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Shipping	23b. DATE 6/25/60	23c. NAME OF CEMETERY OR CREMATORY Kirkland & Houze F. H.
24. FUNERAL DIRECTOR E. B. Koonce	ADDRESS 1221 North Grand	25. DATE RECD. BY LOCAL REG. JUN 22 1960
26. REGISTRAR'S SIGNATURE Earl Smith, M.D.		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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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 *Passive*

Licensed Embalmer No. 475

P. O. Address 1251 N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to 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.