

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-028214

FILED VS. AUG 12 1960

318 Primary Registration District No. 1003

Registrar's No. 7461

STATE FILE NUMBER

INDEXED

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. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital #1		d. STREET ADDRESS (If outside, give location) 4922 St. Louis Avenue	

3. NAME OF DECEASED (Type or print) First Melvin Middle L. Last Cole			4. DATE OF DEATH Month July Day 24 Year 1960		
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-25-40	9. AGE (last birthday) 20	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) St. Louis, Mo.,	
10c. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Eugene Barney		13b. MOTHER'S MAIDEN NAME Birdie Cole	
13c. NAME OF HUSBAND OR WIFE Gwendolyn Cole		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 Birdie Cole		17. ADDRESS 1383 Temple Pl.,			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: **Subdural Hemorrhage; Hemorrhage into the**
IMMEDIATE CAUSE (a) **Abdominal Cavity caused by Ruptured Spleen;**
suffered when car operated by one Michael Mitchell, in which
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: **deceased was fiding, went out of control and turned over on Express Highway near West Papin Overpass,**
DUE TO (b) **about 5:45 A.M. July 24th, 1960**
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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" 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.) See Above
20c. TIME OF DEATH Hour 5:45 A.M. Month 7 Day 24 Year 60		
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.) 18 On Street	20f. CITY, TOWN, OR LOCATION St. Louis, Mo.

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____.
Death occurred at **8:15 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Paul J. Simon (Degree or title Deputy Coroner)		22b. ADDRESS 1300 Clark		22c. DATE SIGNED 7/27/60 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 7-30-60		23c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery	
23d. LOCATION (City, town, or county) St. Louis County, Mo.,		24. FUNERAL DIRECTOR G. Wade Granberry		25. DATE RECD. BY LOCAL REG. JUL 27 1960	
24. ADDRESS 4202 Finney Ave.,		26. REGISTRAR'S SIGNATURE Paul Smith M.D. S.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 Edward A. Flynn

Licensed Embalmer No. 4444

P. O. Address 4202 Finney Ave

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.