

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

FILED VS AUG 4 1960

318

1003

-60-028379

STATE FILE NUMBER

Registration District No.

Primary Registration District No.

Registrar's No.

7078

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. 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 Ent. to Homer G. Phillips			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 4038 Cottage Avenue		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Willie Middle B. Last Hall			4. DATE OF DEATH Month 7 Day 12 Year 60										
5. SEX Male		6. COLOR OR RACE Colored		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12-21-1937		9. AGE (last birthday) 22		10. IF UNDER 1 YEAR Months 6 Days 21 Hours Min. 		11. IF UNDER 24 HR 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) Arkansas		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME Henry Hall				13b. MOTHER'S MAIDEN NAME Nettie B. Hall				14. NAME OF HUSBAND OR WIFE Vivian Hall					
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 Address Mrs. Nettie B. Hall 1517 Cora Ave.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intracranial Hemorrhage (traumatic) DUE TO (b) gunshot wound of Skull and Brain DUE TO (c) 981x PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (not listed in the terminal disease condition given in PART I (a)) shot with rifle in hands of one friend 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 checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) shot with rifle in hands of one friend in home at 1517 Cora Ave about 6:07 pm					
20c. TIME OF INJURY Hour 6:07 p.m.		Month, Day, Year 7 12 60		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION St Louis Mo		COUNTY		STATE			
21. I attended the deceased from 6:30 P and last saw her/him alive on 7-14-60 Death occurred at 6:30 P on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>Robert Dickson</i>				22b. ADDRESS 1300 Clark				22c. DATE SIGNED 7-14-60					
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 7-19-1960		23c. NAME OF CEMETERY OR CREMATORY Father Dickson		23d. LOCATION (City, town, or county) St. Louis County Missouri		(State)					
24. FUNERAL DIRECTOR Ellis Funeral Home				ADDRESS 2820 Stoddard St.		25. DATE RECD. BY LOCAL REG. JUL 14 1960		26. REGISTRAR'S SIGNATURE <i>Roald Smith, M.D.</i>					

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

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

Fulton C. Collier

Licensed Embalmer No. 4198

P. O. Address St Lo

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.