

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED VS AUG 17 1960

-60-032318

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7773

| | | | | | | | | | |
|---|--|--|---|--|---|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. 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 type="checkbox"/> No <input type="checkbox"/> | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1706 COLE ST. | | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 1706 COLE ST. | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| 3. NAME OF DECEASED (Type or print) First Phillip Middle ALVIN Last HENRY | | | | 4. DATE OF DEATH Month 8 Day 4 Year 60 | | | | | |
| 5. SEX MALE | | 6. COLOR OR RACE NEGRO | | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH 2-26-60 | | 9. AGE (last birthday) IF UNDER 1 YEAR Months 5 Days IF UNDER 24 HR Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE | | | 10b. KIND OF BUSINESS OR INDUSTRY NONE | | 11. BIRTHPLACE (City and state or country) ST. LOUIS, MO. | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | | |
| 13a. FATHER'S NAME ALVIN HENRY | | | 13b. MOTHER'S MAIDEN NAME BERAIDINE HUMES | | | 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. NONE | | 17. INFORMANT Jene Humes 1706 Cole Address | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Suffocation, suffered when found in bed Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) in home on August 4, 1960 (No plastic material involved) Accident DUE TO (c) Accident | | | | | | | | 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) | | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. 924.0-21 <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.) SEE ABOVE | | | | | |
| 20c. TIME OF INJURY Hour 3 a.m. p.m. Month, Day, Year 8-4-60 | | 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.) 25 home | | 20f. CITY, TOWN, OR LOCATION St. Louis Mo. | | COUNTY STATE | |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 8:35 A.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | | |
| 22a. SIGNATURE Wreck E. Taylor Corcoran (Degree or title) | | | | 22b. ADDRESS 1300 Oak | | | | DATE SIGNED AUG 6 1960 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 23b. DATE 8-6-60 | | 23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETARY | | 23d. LOCATION (City, town, or county) (State) ST. LOUIS MO. | | | |
| 24. FUNERAL DIRECTOR McCLAIN ADDRESS 2812 CASS | | | | 25. DATE RECD. BY LOCAL REG. AUG 6 1960 | | 26. REGISTRAR'S SIGNATURE Loan Smith. M.O. | | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

903

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me
or by Not Embalmed, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Oscar McElain

Licensed Embalmer No. _____

P. O. Address _____

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.