

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. OCT 26 1960 318 1003 10071 -60-039972
 Registration District No. Primary Registration District No. Registrar's No. STATE FILE NUMBER
 -60-039972

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|--|--------------------------------|---|---|--|--|--|
| 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 20 yrs | 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 Homer G. Phillips Hosp | | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 3026 Delmar Blvd | | |
| 3. NAME OF DECEASED (Type or print) First JOHN Middle W Last MARRY | | | 4. DATE OF DEATH Month Oct Day 14 Year 1960 | | | |
| 5. SEX Male | 6. COLOR OR RACE Col | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 2-22-1897 | 9. AGE (last birthday) 63 | IF UNDER 1 YEAR Months 7 Days 22 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Clarksville Tenn | | 12. CITIZEN OF WHAT COUNTRY U S A | |
| 13a. FATHER'S NAME Unk | | 13b. MOTHER'S MAIDEN NAME Unk | | 14. NAME OF HUSBAND OR WIFE - | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) W W I | | 16. SOCIAL SECURITY NO. | 17. INFORMANT Omia Mosley 3026 Delmar Blvd | | | |

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Traumatic hemorrhagic shock; Contrib: Fractured pelvis with extensive retro-peritoneal hemorrhage; compound fracture both bones right leg; suffered on or about Oct. 14, 1960, Body found at 3200 Delmar; Exact time, place, and manner of same**
 DUE TO (b) **?**
 DUE TO (c) **could not be determined, Open Verdict**
 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.
 Yes No Unknown

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|--|---|--|--|--------------|--|
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input 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 ? Month 10 Day 14 Year 60 a.m. p.m. | | | | | |
| 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.) 00 ? | 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 3:00 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |

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|---|--------------------------------|---|---|-------------------------------------|--|
| 22a. SIGNATURE <i>Paul Simon</i> (Degree or Title) <i>Deputy Coroner</i> | | 22b. ADDRESS 1300 Clark Ave | | 22c. DATE SIGNED 10/15/60 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 10-18-1960 | 23c. NAME OF CEMETERY OR CREMATORY National | 23d. LOCATION (City, town, or county) (State) Jefferson Barracks MO | | |

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|--|--|--|---|--|--|
| 24. FUNERAL DIRECTOR JAS H. RANDLE 3133 Bell Ave | | 25. DATE RECD. BY LOCAL REG. OCT 17 1960 | 26. REGISTRAR'S SIGNATURE <i>Paul Smith M.D.</i> | | |
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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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Esther K. Harris

Licensed Embalmer No. 443

P. O. Address 4181 No

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.