

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
b. CITY (If outside corporate limits, give TOWNSHIP only) ST. LOUIS			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			d. STREET ADDRESS (If outside, give location) 612 N. BEAUMONT		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First George Middle A. Last DAVIS			4. DATE OF DEATH Month 10 - Day 24 - Year 60		
5. SEX MALE	6. COLOR OR RACE Colored	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1900 60	9. AGE (last birthday) 60	IF UNDER 1 YEAR Months Days 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		11. BIRTHPLACE (City and state or country) Mich. U.S.A.	12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN		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) UNKNOWN		16. SOCIAL SECURITY NO. 490-01-6241		17. INFORMANT Address EDNA WATKINS; 817 N. BEAUMONT	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Labor Pneumonia**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Dislocation of 5th Cervical vertebra onto 6th vertebra with paraplegia.**

DUE TO (c) **paraplegia.**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Asphyxiated in auto accident in St. Charles County, Mo. on or about October 1st 1960**

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No 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. DEATH BY INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) Asphyxiated in auto accident in St. Charles County, Mo. on or about October 1st 1960
20c. TIME OF INJURY Hour ? a.m. ? p.m. ?	Month, Day, Year 10 / 1 / 60	Cause and manner of death could not be determined
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.) 55 Road	20f. CITY, TOWN, OR LOCATION COUNTY STATE St. Charles County Mo.

21. I attended the deceased from **4:15 A** to **?** and last saw him alive on **?**
Death occurred at **4:15 A** m 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 Ave		22c. DATE SIGNED 11/3/60
23. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 11/4/60	23c. NAME OF CEMETERY OR CREMATORY FATHER DICKSON CEM. ST. LOUIS CO, MO	23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR ADDRESS W. ROBINSON & SONS, 2911 FRANKLIN		25. DATE RECD. BY LOCAL REG. NOV 3 1960	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.	

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
m/Beet gave up

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 Terrence Miles

Licensed Embalmer No. 362

P. O. Address 2911 7th

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.