

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY _____	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Louis		c. CITY OR TOWN Saint Louis	
Length of stay in 1b _____		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Enr. City Hospital #1		d. STREET ADDRESS (If outside, give location) 6062 Cates Avenue	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Leonard NMN Washington			4. DATE OF DEATH Month Day Year 11 14 1960		
5. SEX Male	6. COLOR OR RACE Colored	7. Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-13-34	9. AGE (last birthday) 25	IF UNDER 1 YEAR Month Days 11 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Window Washer		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Washington, D.C.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Charles James Washington		13b. MOTHER'S MAIDEN NAME Lucille M. Martin		14. NAME OF HUSBAND OR WIFE Lula Mae Washington	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW2	16. SOCIAL SECURITY NO. ?	17. INFORMANT Address Florine Washington 6062 Cates Ave.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH _____
IMMEDIATE CAUSE (a) Commminuted fracture of skull; Hemorrhage of lungs into pleural cavities;	DUE TO (b) Suffered fall from window of 11th floor to ground below while working at 1015 1/2 Washington, about 11:53 a.m., November 14, 1960.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 90216-10			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		
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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
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 11:53 p.m. 11-14-60	20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) 25th Ave. building	20f. CITY, TOWN OR LOCATION COUNTY STATE St Louis, Mo
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
 Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree, or title) Paul J. Simon Deputy Coroner		22b. ADDRESS 1300 Clark		22c. DATE SIGNED 11/18/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11-18-60	23c. NAME OF CEMETERY OR CREMATORY Unknown	23d. LOCATION (City, town, or county) (State) Washington, D.C.	
24. FUNERAL DIRECTOR ADDRESS Ellis Funeral Home 2820 Stoddard Street	25. DATE RECD. BY LOCAL REG. NOV 18 1960	26. REGISTRAR'S SIGNATURE Lead Smith, M.D.		

DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF

NOV 15 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Fulton E. Culbert

Licensed Embalmer No. 498
P. O. Address Wain

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.