

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

MAR 28 1961

-61-010787

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2495** STATE FILE NUMBER

DATE AMENDED

INSTEAD OF DOCUMENT

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

|  |  |  |   |   |  |
|--|--|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis</b>  |  | Length of stay in 1b.  | c. CITY OR TOWN <b>St. Louis</b>  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>D.O.A. City Morgue</b>   |  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>3936 Page Blvd.</b>                                 |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Arthur</b> Middle <b>Brown</b> Last <b>Egle</b>  |  |  | 4. DATE OF DEATH<br>Month <b>3</b> Day <b>11</b> Year <b>61</b>   |   |  |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>Colored</b>   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>7-25-12</b>  | 9. AGE (last birthday)<br><b>48</b>   | IF UNDER 1 YEAR<br>Months <b>7</b> Days <b>16</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Janitor</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>None</b>   | 11. BIRTHPLACE (City and state or country)<br><b>Camden, Arkansas</b>   |   | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>   |
| 13a. FATHER'S NAME<br><b>Unknown</b>   |  | 13b. MOTHER'S MAIDEN NAME<br><b>Irene Pace</b>   |   | 14. NAME OF HUSBAND OR WIFE<br><b>Unknown</b>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |  | 16. SOCIAL SECURITY NO.<br><b>?</b>  |   | 17. INFORMANT Address<br><b>Jesse Pace- 2431 Division St.</b>   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Sunshot wound of Head. Suffered when shot with gun in hands of one Ralph Smiley (acc) in home at 5461 Finney ave., about 6:22 P.M. March 11, 1961.</b><br>DUE TO (b) <b>Shot with gun in hands of one Ralph Smiley (acc) in home at 5461 Finney ave., about 6:22 P.M. March 11, 1961.</b><br>DUE TO (c) <b>Accidental</b> |  |  |   |   | 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)<br><b>981x</b>   |  |  |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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.)<br><b>See above</b>                                 |   |   |  |
| 20c. TIME OF INJURY<br>Hour <b>6:22</b> a.m. <b>3-11-61</b> p.m.   |  | 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.)<br><b>Home</b> | 20f. CITY, TOWN, OR LOCATION COUNTY STATE<br><b>St. Louis mo.</b>  |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____<br>Death occurred at _____ <b>6:28 P</b> _____ on the date stated above, and to the best of my knowledge, from the causes stated.  |  |  |   |   |  |
| 22a. SIGNATURE (Degree or Title)<br><b>Paul Johnson Deputy Coroner</b>   |  |  | 22b. ADDRESS<br><b>1300 Clark</b>   |   | 22c. DATE SIGNED<br><b>3/15/61</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>  |  | 23b. DATE<br><b>3-15-61</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>?</b>  |   | 23d. LOCATION (City, town, or county) (State)<br><b>Longview, Texas</b>  |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>Ellis Funeral Home-2820 Stoddard St.</b>  |  |  | 25. DATE RECD. BY LOCAL REG.<br><b>MAR 15 1961</b>  |   | 26. REGISTRAR'S SIGNATURE<br><b>Loan Smiley, M.D.</b>  |

**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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Fulton E. Culkin

Licensed Embalmer No. 4198

P. O. Address St Louis

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.