

318

1003

4181

61-015286

Registration District No. Primary Registration District No. Registrar's No.

AMENDED

FILED MAY 10 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri		Length of stay in 1b		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY		c. CITY OR TOWN St. Louis, Missouri		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA Morgue				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1406 A. Montrose Ave.				Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Less Middle Jefferson Last			4. DATE OF DEATH Month April Day 28 Year 1961			5. SEX Male		6. COLOR OR RACE Negro		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		
8. DATE OF BIRTH 4/27/1934		9. AGE (last birthday) 27		IF UNDER 1 YEAR Months Days Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night Watchman		10b. KIND OF BUSINESS OR INDUSTRY Demert & Daughty		11. BIRTHPLACE (City and state or country) Colts, Ark.		
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME Thomas Jefferson			13b. MOTHER'S MAIDEN NAME Aretha			14. NAME OF HUSBAND OR WIFE Glorestine Jefferson				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW 2			16. SOCIAL SECURITY NO. Unknown			17. INFORMANT Mrs. Glorestine Jefferson			Address 1406 A. Montrose			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhage; lacerated liver; fractured spine; Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: Suffered when crushed in elevator while working at 1600 Clark Avenue, about 7:25 P.M. April 28, 1961. DUE TO (b) Accident DUE TO (c) Accident										INTERVAL BETWEEN ONSET AND DEATH		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (Do not relate to the terminal disease condition given in PART I (a)) Accident							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					
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.) 912.3 As seen above			20c. TIME OF INJURY Hour 7:25 a.m. p.m. Month, Day, Year 4-28-61		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.) 22 Factory	
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 8:25 P.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 Coronor					22b. ADDRESS 1300 Clark			22c. DATE SIGNED 5-2-61				
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5/5/61		23c. NAME OF CEMETERY OR CREMATORY National Cemetery			23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Missouri					
24. FUNERAL DIRECTOR G. B. Koone			ADDRESS 1221 North Grand			25. DATE RECD. BY LOCAL REG. MAY 2 1961		26. REGISTRAR'S SIGNATURE Loan Smith, M.D.				

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 Melvin Blackburn
Licensed Embalmer No. 3962
P. O. Address 1221 W. Grant

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.