

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-008276

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **203** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB AMENDED

VS 300 Rev. 4/59

1  
2 *21*  
3  
4 *2*  
5 *0*  
6  
7 *1*  
8 *1*  
9  
10  
11  
12 *92-3*  
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF BIRTH FEB 28 1963 & COUNTY <b>St. Louis Missouri</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		c. CITY OR TOWN <b>St. Louis</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>D.O.A. Homer G. Phillips</b>		d. STREET ADDRESS (If outside, give location) <b>4209 W Kennerly Ave</b>	
3. NAME OF DECEASED (Type or print) <b>Robert S. Avery</b>		4. DATE OF DEATH <b>January 6 1963</b>	
5. SEX <b>Male</b> COLOR OR RACE <b>Col</b>		8. DATE OF BIRTH <b>14 Mar 34</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Labor</b>		11. BIRTHPLACE (City and state or country) <b>Jersey City New Jersey U. S.A.</b>	
13a. FATHER'S NAME <b>Ernest Avery</b>		14. NAME OF HUSBAND OR WIFE. <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		17. INFORMANT <b>Mrs Phyllis Mack</b> Address <b>4016 Garfield Ave</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Cerebral Edema with cardiac arrest. Plus amphetamine poisoning. Self ingested prior about January 6, 1963 at home. Whether intentional or accidental could not be determined.</b> DUE TO (b) <b>971.8</b> DUE TO (c) <b>open verdict</b> 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. <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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>OPEN VERDICT</b>	
20c. TIME OF INJURY Hour a.m. p.m. <b>1-6-63</b>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>See above</b>	
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.) <b>Home</b>	
20f. CITY, TOWN, OR LOCATION <b>St. Louis Mo</b>		20g. COUNTY <b>Mo</b>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>607 A</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Paul J. Simon</b> (Degree or title) <b>Deputy Coroner</b>		22b. ADDRESS <b>1300 Clark</b>	
22c. DATE SIGNED <b>1/8/63</b>		22d. LOCATION (City, town, or county) (State) <b>St. Louis County Missouri</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>1/10/63</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>		23d. LOCATION (City, town, or county) <b>St. Louis County Missouri</b>	
24. FUNERAL DIRECTOR <b>Herman J. Smith</b> ADDRESS <b>4247 W Labadie</b>		25. DATE RECD. BY LOCAL REG. <b>JAN 8 1963</b> REGISTRAR'S SIGNATURE <b>Roan Smith, M.D.</b>	

FEB 5 1964



STATEMENT BY LICENSED EMBALMER

E-89

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 Arthur D. Keenan

Licensed Embalmer No. 4221

P. O. Address 3100 Easton Ave

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.