

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH
FILED VS NOV 6 1959

59-038070
 STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2-9552**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis			Length of stay in 1b 25 yrs.		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hosp.				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 5091 Arsenal	
3. NAME OF DECEASED (Type or print) First Middle Last GERALD (JERRY) SCISSORS				4. DATE OF DEATH Month Day Year Oct/18/59			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11/5/33	9. AGE (last birthday) 25	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dealer			10b. KIND OF BUSINESS OR INDUSTRY Auto parts		11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME David Scissors			13b. MOTHER'S MAIDEN NAME Mayme Quicksilver			14. NAME OF HUSBAND OR WIFE Mary Sue	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Korea			16. SOCIAL SECURITY NO. Unk.		17. INFORMANT Address Mary Sue Scissors 5091 Arsenal		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound of lower mandible penetrating tongue. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Suffered while shot with gun by hands of cop. Dean Beauchamp (cop) in building at 3944 Page, about 11:30 a.m. October 18, 1959							INTERVAL BETWEEN ONSET AND DEATH 9814
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED, or cause of injury in PART I or PART II of item 18.) Shot with gun by hands of cop. Dean Beauchamp (cop) in building at 3944 Page, about 11:30 a.m. October 18, 1959					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
20c. TIME OF INJURY Hour a.m. Month, Day, Year 1130 10 18 59		20d. INJURY OCCURRED WHILE AT WORK <input 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.) Building		20f. CITY, TOWN, OR LOCATION St Louis Mo	
21. I attended the deceased from _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Patrick P. Taylor Carauer (Degree or title)				22b. ADDRESS 1300 Clark		22c. DATE SIGNED 10.19.59	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 10/20/59	23c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth		23d. LOCATION (City, town, or county) (State) University City, Mo.		
24. FUNERAL DIRECTOR Name Address Berger Memorial 4715 W. Cherson				25. DATE RECD. BY LOCAL REG. OCT 19 59	26. REGISTRAR'S SIGNATURE Keal Smith M.D.		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

Quir J. Gudberg

Licensed Embalmer No. 4229

P. O. Address _____

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.