

**FEDERAL BUREAU OF INVESTIGATION - U.S. DEPARTMENT OF JUSTICE**

**FILED VS FEB 25 1960**

**-60-008009**

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's **Q 1559**

UNDECEASED

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <i>St Louis</i>	Length of stay in 1b	a. STATE <i>Missouri</i>	b. COUNTY <i>St Louis</i>
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>St Louis</i>		c. CITY OR TOWN <i>St Louis</i>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>D.O.C. City Hospital</i>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <i>3308 Lucas</i>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>3. NAME OF DECEASED</b> (Type or print) First: <i>Fred</i> Middle: <i>—</i> Last: <i>Burrell</i>	<b>4. DATE OF DEATH</b> Month: <i>2</i> Day: <i>Feb</i> Year: <i>60</i>
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<b>5. SEX</b> <i>male</i>	<b>6. COLOR OR RACE</b> <i>Colored</i>	<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input checked="" type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <i>1894</i>	<b>9. AGE</b> (last birthday) <i>65</i>	<b>IF UNDER 1 YEAR</b> Months: _____ Days: _____	<b>IF UNDER 24 HR</b> Hours: _____ Min: _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <i>labor</i>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <i>St Louis</i>	<b>11. BIRTHPLACE</b> (City and state or country) <i>U.S.A</i>	<b>12. CITIZEN OF WHAT COUNTRY</b> <i>U.S.A</i>
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<b>13a. FATHER'S NAME</b> <i>Fred Burrell</i>	<b>13b. MOTHER'S M maiden NAME</b> <i>Eizabeth Hughes</i>	<b>14. NAME OF HUSBAND OR WIFE</b> _____
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no or unknown) (If yes, give war or dates of service) <i>None</i>	<b>16. SOCIAL SECURITY NO.</b> <i>498-05-8692</i>	<b>17. INFORMANT</b> <i>Amy Booth</i>	<b>Address</b> <i>3118 Hickory</i>
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<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Occlusion</i> <i>Coronary Sclerosis</i> DUE TO (b) DUE TO (c) <i>4201</i>	<b>INTERVAL BETWEEN ONSET AND DEATH</b>
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<b>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH</b> but not related to the terminal disease condition given in PART I (a)	<b>PART III. If deceased was female was there a pregnancy in last 90 days.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)
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<b>20c. TIME OF INJURY</b> Hour: _____ a.m. _____ p.m. Month, Day, Year: _____
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<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b>	<b>COUNTY</b>	<b>STATE</b>
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21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_.  
Death occurred at *955A* m on the date stated above, and to the best of my knowledge, from the causes stated.

<b>22a. SIGNATURE</b> <i>Paul J. Simon</i>	(Degree or title) <i>Deputy Coroner</i>	<b>22b. ADDRESS</b> <i>1300 Clark</i>	<b>22c. DATE SIGNED</b> <i>2/10/60</i>
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<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <i>md</i>	<b>23b. DATE</b> <i>2-11-60</i>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <i>Father Deeken</i>	<b>23d. LOCATION</b> (City, town, or county) (State) <i>St Louis Co Mo</i>
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<b>24. FUNERAL DIRECTOR</b> <i>D.J. Nelson</i>	<b>ADDRESS</b> <i>Montgomery 2769 Clanton</i>	<b>25. DATE RECD. BY LOCAL REG.</b> <b>FEB 10 1960</b>	<b>26. REGISTRAR'S SIGNATURE</b> <i>Loan Smith, M.D.</i>
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(Licensed Embalmer's Statement on Reverse Side)

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 James O. East

Licensed Embalmer No. 468

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.