JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

=60=020867
STATE FILE NUMBER

FILED VS JUN 9 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5620

NDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Louis
Length of stay in 1b

c. CITY OR TOWN Saint Louis
Inside Limits Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4661a Labadie
Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 4661a Labadie
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First JOHN Middle Last EASLEY

4. DATE OF DEATH Month May Day 28, Year 1960

5. SEX Male

6. COLOR OR RACE Negro

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 4/11/81

9. AGE (last birthday) 79

IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bartender

10b. KIND OF BUSINESS OR INDUSTRY Club

11. BIRTHPLACE (City and state or country) Louisville, Ky.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Unknown

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Marie Easley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 494-01-6859A

17. INFORMANT Marie Easley 4661a Labadie (Address)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 min.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Gen. arteriosclerosis — 1 year

DUE TO (c) 332x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Diabetes Mellitus

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan 1950, to May 28, 1960 and last saw ~~her~~ him alive on May 20, 1960

Death occurred at 1:35 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Edward R Williams M.D. (Degree or title)

22b. ADDRESS 2801 N. Taylor St Louis Mo

22c. DATE SIGNED 5-28-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 6/3/60

23c. NAME OF CEMETERY OR CREMATORY Washington Park

23d. LOCATION (City, town, or county) St. Louis County, Mo. (State)

24. FUNERAL DIRECTOR Charles J. Gates ADDRESS 4107 Finney

25. DATE RECD. BY LOCAL REG. MAY 31 1960

26. REGISTRAR'S SIGNATURE Karl Smith, M.D. MBB

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Grifton Swan

Signature of Student Embalmer

Licensed Embalmer No. 4580

P. O. Address 4107 Finney

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.