URL DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS JUL 12 1960

-60-024480
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6607

ENDED

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
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Louis City Hosp. #1
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE
b. COUNTY: MO
c. CITY OR TOWN: St Louis
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 1429 Papin
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Ernest; Middle:; Last: Emery
4. DATE OF DEATH: Month: June; Day: 27; Year: 1960
5. SEX: Male
6. COLOR OR RACE: Negro
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐: UNKNOWN
8. DATE OF BIRTH: 1867
9. AGE (last birthday): 93
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): UNKNOWN
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Unknown
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Unknown
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.: — —
17. INFORMANT: Daniel Ruffin Address: 4601 Russell St. C.V. Ill

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
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebral Arteriosclerosis
DUE TO (c): 332x
INTERVAL BETWEEN ONSET AND DEATH:
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. ☐ 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 June 13, 1960, to June 27, 1960 and last saw her/him alive on June 27, 1960
Death occurred at 4:25 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Francis J Corey (Degree or title): MD.
22b. ADDRESS: 1515 Lafayette Avenue
22c. DATE SIGNED: June 27, 1960

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7.5.60
23c. NAME OF CEMETERY OR CREMATORY: Father Dolores
23d. LOCATION (City, town, or county) (State): St Louis Co. MO.
24. FUNERAL DIRECTOR: A.H. Burke
ADDRESS: 3506 Franklin
25. DATE RECD. BY LOCAL REG.: JUN 29 1960
26. REGISTRAR'S SIGNATURE: Hoard Smith. M.D. MDR

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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_____
Signature of Student Embalmer

Signed Leroy U Bann

Licensed Embalmer No. 4523

4252 P. O. Address Washington

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