

FEDERAL BUREAU OF INVESTIGATION
 U.S. DEPARTMENT OF JUSTICE
 DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-028059

FILED TO AUG 12 1960

STATE FILE NUMBER

Registration-District No. **318** Primary Registration District No. **1003** Registrar's No. **7666**

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 St LOUIS		Length of stay in 1b	c. CITY OR TOWN 1231 WALTON
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST MARY'S INFIRMARY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) St LOUIS
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Josephine Middle ALSTON Last			4. DATE OF DEATH Month 7 Day 31 Year 60		
5. SEX F.	6. COLOR OR RACE C	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/29/108	9. AGE (last birthday) 51 YRS	IF UNDER 1 YEAR Months 7 Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) EMPLOYEE		10b. KIND OF BUSINESS OR INDUSTRY BARNES HOSPT		11. BIRTHPLACE (City and State or country) MISS. U.S.A	
13a. FATHER'S NAME Saul Lee		13b. MOTHER'S MAIDEN NAME PEARL ?		14. NAME OF HUSBAND OR WIFE Fred ALSTON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.		17. INFORMANT Address Fred ALSTON 1231 WALTON	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) UREMIA - RENAL FAILURE		1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Malignant Hypertension	UNKNOWN
	DUE TO (c) 445X	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Inter cerebral Hemorrhage - Lt. Hemisphere		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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 <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.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from April 25, 1960 to July 31, 1960 and last saw her ^{her} alive on July 31, 1960 Death occurred at 8:00 p on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) Charles Fork, M.D.	22b. ADDRESS 2801 N. Taylor	22c. DATE SIGNED 8-1-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 8-6-60	23c. NAME OF CEMETERY OR CREMATORY WASHINGTON PK	23d. LOCATION (City, town, or county) (State) St LOUIS COUNTY, MO
24. FUNERAL DIRECTOR ADDRESS A.F. WALTON 2707 Stoddard	25. DATE RECD. BY LOCAL REG. AUG 3 1960	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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Claud Gor

Licensed Embalmer No. 3489

P. O. Address 1123 R

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