

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-022469

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6085

STATE FILE NUMBER

FILED JUL 7 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis, Mo</u>		c. CITY OR TOWN <u>St. Louis</u>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>112 So. 7th St</u>		d. STREET ADDRESS <u>112 So. 7th St</u>	
3. NAME OF DECEASED (Type or print) First <u>Ray</u> Middle <u>Diamond</u> Last <u>McGee</u>		4. DATE OF DEATH Month <u>6</u> Day <u>26</u> Year <u>61</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>57</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and state or country) <u>Colo.</u>
13a. FATHER'S NAME <u>Walter</u>		13b. MOTHER'S MAIDEN NAME <u>Walter</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Severed Jugular Vein</u> DUE TO (b) <u>Throttled when strangled with knife in hands of Dr. Frank Skettan in Hotel</u> DUE TO (c) <u>None</u>		17. INFORMANT <u>Joe McGehee</u> (Address) <u>930 Oak</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>at 12:5 am. Fr. alt. 250am. 6-2-61 982x</u>		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	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) <u>Strangled</u>	
20c. TIME OF INJURY <u>6:26</u> Month, Day, Year	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>26 Avenue</u>		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <u>St. Louis</u> COUNTY <u>Mo</u> STATE <u>Mo</u>		
21. I attended the deceased from <u>6:26</u> to <u>7:35</u> and last saw her alive on <u>6/26/61</u> Death occurred at <u>112 So. 7th St</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Joseph M. Zeman</u> (Degree or title) <u>Deputy Coroner</u>		22b. ADDRESS <u>1300 Clark Av</u>	
22c. DATE SIGNED <u>6/26/61</u> (State)			
23a. BURIAL, CREMATION, OR REMOVAL (Specify)	23b. DATE <u>6-30-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>	23d. LOCATION (City, town, or county) <u>St. Louis, Mo</u>
24. FUNERAL DIRECTOR <u>Rowland F. Ker</u> ADDRESS <u>4104 Manchester</u>		25. DATE RECD. BY LOCAL REG. <u>JUN 30 1961</u>	26. REGISTRAR'S SIGNATURE <u>Loal Smith, M.D.</u>

DATE AMENDED

INSTEAD OF DOCUMENT

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF MEDICAL CERTIFICATION

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 _____

Licensed Embalmer No. _____

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.