MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-003825
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 945

FILED FEB 7 1962

1. PLACE OF DEATH
a. COUNTY

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

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS
Length of stay in 1b
c. CITY OR TOWN ST LOUIS
Inside Limits Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D. O. A Homer Phillips
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 5976 KENNLEY
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First DERRICK Middle U Last GRAY
4. DATE OF DEATH Month 1. Day 19. Year 62

5. SEX MALE
6. COLOR OR RACE NEGRO
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 12-20-58
9. AGE (last birthday) 3
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)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) ST LOUIS MO
12. CITIZEN OF WHAT COUNTRY U. S. A

13a. FATHER'S NAME RUSSELL GRAY
13b. MOTHER'S MAIDEN NAME CLAUDINE CHAPMAN
14. NAME OF HUSBAND OR WIFE

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.
17. INFORMANT CLAUDINE CHAPMAN Address 5976 KENNLEY

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) Carbon Monoxide Poisoning;
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) suffered in fire in home on January
DUE TO (c) 19th 1962. accident
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) 916.0-16

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.) See above

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 1-19-62

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.) home
20f. CITY, TOWN, OR LOCATION St. Louis, COUNTY STATE Mo.

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____.
Death occurred at 9:55 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Helen L. Taylor, Coroner (Degree or title)
22b. ADDRESS 1300 Clark Ave.
22c. DATE SIGNED 1-22-62

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
23b. DATE 1-25-62
23c. NAME OF CEMETERY OR CREMATORY WASHINGTON PARK
23d. LOCATION (City, town, or county) ST LOUIS COUNTY (State) MO

24. FUNERAL DIRECTOR SWAN-McGHEE UND. CO. ADDRESS 1619 N.
25. DATE RECD. BY LOCAL REG. JAN 22 1962
26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF 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 me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Edward A Flynn

Licensed Embalmer No. 4444

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.