

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-022236
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4476

1. PLACE OF DEATH
a. COUNTY
FILED MAY 17 1963

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY
c. CITY OR TOWN St. Louis Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 5193 Vernon Reside on Farm Yes No

3. NAME OF DECEASED
First Middle Last
Charles Singleton

4. DATE OF DEATH
Month Day Year
April 21, 1963

5. SEX Male 6. COLOR OR RACE Negro 7. Married Never Married
Widowed Divorced 8. DATE OF BIRTH 2/22/1924 9. AGE (last birthday) 39
IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Presser 10b. KIND OF BUSINESS OR INDUSTRY Cleaners 11. BIRTHPLACE (City and state or country) Alton Illinois 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Hazel Singleton 13b. MOTHER'S MAIDEN NAME Edna 14. NAME OF HUSBAND OR WIFE Fannie Singleton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW 2 17. INFORMANT Fannie Singleton 5193 Vernon Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) Multiple injuries, shock, suffered when struck by car operated by Shelby Coover that was involved in collision at Academy & Wells ave, about 11:25 P.M.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Accident 5/17/25
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, Month, Day, Year
11:25 p.m. 4-20-63

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

21. I attended the deceased from 405A to 405A and last saw her/him alive on 4-20-63. Death occurred at 405A on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Paul M. Quinn, M.D. 22b. ADDRESS 1300 Clark 22c. DATE SIGNED 4-27-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE April 26, 1963 23c. NAME OF CEMETERY OR CREMATORY National Cemetery 23d. LOCATION (City, town, or county) (State) Jefferson Barracks Missouri

24. FUNERAL DIRECTOR E. J. K... 1221 N. Grand Blvd. ADDRESS 25. DATE RECD. BY LOCAL REG. APR 23 1963 26. REGISTRAR'S SIGNATURE Coal Smith, M.D.

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

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 me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Malcolm Blackburn

Licensed Embalmer No. 3962

P. O. Address 1221 N. Grand Blvd.

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.