

CERTIFICATE OF DEATH

STATE FILE NUMBER
12470 0008671

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2049**

DO NOT WRITE
ON THIS STUB

VS 300
Rev. 1/70

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. James Roger Halbrook, Jr.					Male	February 18, 1970	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS.	UNDER 1 DAY DAYS	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
4. White		5a. 62			6. July 7, 1907		7a.
5. CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. St. Louis		7c. yes		14. Enroute St. Louis City Hospital			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. Missouri		9. USA		10. married		11. Gladys Cook	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
12. 488-09-7302		13a. Retired Laborer		13b. Southern Equipment			
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		STREET AND NUMBER (SPECIFY YES OR NO)		
14a. Missouri		14b.	14c. St. Louis		14d. yes 4556 Ray Ave.		
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME FIRST MIDDLE LAST		
15. James Roger Halbrook, Sr.					16. Susan Elizabeth Phelan		
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
17a. Gladys Halbrook		17b. 4556 Ray, St. Louis, Mo. 63116					
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE							
(a) Gunshot wound of the head							
DUE TO, OR AS A CONSEQUENCE OF:							
(b) with marked laceration of brain							
DUE TO, OR AS A CONSEQUENCE OF:							
(c) intracranial hemorrhage							
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (10)		AUTOPSY (YES OR NO) 19a. yes					IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b. yes
ACCIDENT, SUICIDE, HOMICIDE, OR UNDERDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)				
20a. suicide	20b. 2-18-70	20c. unk	20d. self-inflicted				
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS 20h. YES NO UNK				
20e. No	20f. in home	20g. 4556 Ray Avenue					
CERTIFICATION—PHYSICIAN:	MONTH DAY YEAR	TO MONTH DAY YEAR	AND LAST SAW HIM/HER LIVE ON MONTH DAY YEAR		I DID/DID NOT VIEW THE BODY AFTER DEATH.		DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
21a. I ATTENDED THE DECEASED FROM	21b.	21c.	21d.		21e.		
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR		HOUR	
22a.		4:30 P.M.		22b. 2 18 70		4:30 P.M.	
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)	
23a. Helen L. Taylor		23b. Helen L. Taylor		23c. Coroner		23d. 2-24-70	
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE ZIP	
23a. 1306 Clark Ave. St. Louis, Mo.						63103	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN STATE	
24a. Removal		24b. St. Francois Memorial Park		24c. Bonne Terre, Mo.			
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
24d. 2-21-70		24e. Boyer Funeral Home, Desloge, Missouri.					
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR			
25a. Lawrence E. Meyer		25b. Melvin J. Lee, M.D.		25c. FEB 24 1970			

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

DECEASED

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

9. 0
10a. 62
10b.
11. 0
12. 1
13. 955X
14.
15. 1
16.
17.
18. 3
19. CREDITS
20.

MAY 13 1970

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

Gustav W. Dietrich

Licensed Embalmer No. 4329

P. O. Address St Louis Mo

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.