

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
 FILED VS OCT 21 1959

59-037521

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. **2 9300** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS</b>		Length of stay in 1b		c. CITY OR TOWN <b>ST. LOUIS</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>D.O.A. HOSPITAL NO. 1.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>1903 COLEMAN.</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>ETHEL Lee DANCY</b>			4. DATE OF DEATH Month Day Year <b>10 - 6 - 59</b>			
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>Colored.</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2/23/28</b>	9. AGE (last birthday) <b>31</b>	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) <b>Laundry Worker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>INDUSTRIAL LAND</b>		11. BIRTH PLACE (City and state or country) <b>ST. LOUIS, MO</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A</b>
13a. FATHER'S NAME <b>Edward HARRIS</b>		13b. MOTHER'S MAIDEN NAME <b>CORA House</b>		14. NAME OF HUSBAND OR WIFE <b>FRANK DANCY</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>--</b>		17. INFORMANT Address <b>ETHEL House: 1342 Elliott.</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) **Penetrating stab wound of heart.**  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) **982X**  
 DUE TO (c)

19. WAS AUTOPSY PERFORMED? - YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter cause of injury in PART I or PART II of report.) <b>Suffered when <del>stabbed</del> struck in front of chest by knife (w/ name Frank Dancy, col) in front of about 2610 Cass Ave., about 300 p.m. October 6 1959.</b>	
20c. TIME OF INJURY <b>300 p.m.</b>		Month, Day, Year <b>10 6 59</b>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Street</b>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>St Louis MO</b>	

21. I attended the deceased from **325 P.** to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
 Death occurred at \_\_\_\_\_ on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) <b>John M. Dumas, M.D.</b>		22b. ADDRESS <b>1300 Blvd</b>		22c. DATE SIGNED <b>10/10/59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>10/12/59</b>		23c. NAME OF CEMETERY OR CREMATORY <b>FATHER DICKSON</b>	
24. FUNERAL DIRECTOR <b>W. ROBINSON &amp; SONS. 2916 MADISON ST</b>		25. DATE RECD. BY LOCAL REG. <b>OCT 1 0'59</b>		26. REGISTRAR'S SIGNATURE <b>Roan Smith, M.D.</b>	

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

STADWICK B. LYNCH, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Stadwick B. Lynch  
Licensed Embalmer No. 4692

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.