

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 3 1959

59-038045

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar No. **2.9526**

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 <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA City Hosp. II				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3124 Vinegrove	
3. NAME OF DECEASED (Type or print) Ruby Delores Sanders				4. DATE OF DEATH Month Oct. Day 14 Year 1959			
5. SEX female	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 13 June 1925	9. AGE (last birthday) 34	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) housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Raysville La.		
12. CITIZEN OF WHAT COUNTRY U.S.			13a. FATHER'S NAME General J. Williams		13b. MOTHER'S MAIDEN NAME Lovie Walker		
14. NAME OF HUSBAND OR WIFE XX			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no unknown) (If yes, give no or dates of service)				
16. SOCIAL SECURITY NO.			17. INFORMANT Address Lovie Walker Raysville La.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive Intra Cranial Hemorrhage DUE TO (b) Penetrating gunshot wound of skull and brain. DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							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)) shuffled when shot with gun in hands of the doctor in the vicinity of Oakland and Vinegrove, about 1:02 pm				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 and (b) or (c))			
20c. TIME OF INJURY Hour 10:21 p.m. Month, Day, Year 10 14 59	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		20f. CITY, TOWN, OR LOCATION St. Louis		COUNTY Mo	STATE	
21. I attended the deceased from 1050 P. to _____ and last saw her live on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Paul J. Simon			(Degree or title) Deputy Coroner		22b. ADDRESS 1300 Clark		
22c. DATE SIGNED 10/17/59							
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 17 Oct. 1959	23c. NAME OF CEMETERY OR CREMATORY Pleasant Groves		23d. LOCATION (City, town, or county) Raysville La.		
24. FUNERAL DIRECTOR Reliable Funeral Sys. 1389 N. Union			25. DATE RECD. BY LOCAL REG. OCT 17 '59		26. REGISTRAR'S SIGNATURE Loal Smith, M.D.		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

mjb

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

Paul Freeman

Licensed Embalmer No.

4686

P. O. Address

7947 Star

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.