RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS MAR 11 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2-2093 STATE FILE NUMBER 60-008773

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: DOA City Hosp. — Inside Limits Yes ☐ No ☐

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): 4435 Kennerly — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Etzel — Middle: — Last: Rice

4. DATE OF DEATH: Month: Feb. Day: 20 Year: 1960

5. SEX: male

6. COLOR OR RACE: Negro

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 18 June 1929

9. AGE (last birthday): 30 — 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): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): St. Louis Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: John Rice

13b. MOTHER'S MAIDEN NAME: Edna Ward

14. NAME OF HUSBAND OR WIFE: Doleres Rice

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): Korean

16. SOCIAL SECURITY NO.: 490-26-8613

17. INFORMANT: Doleres Rice — Address: 4435 Kennerly

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Hemorrhage caused by stabwound, sub-

DUE TO (b): clavian vein which bled profusely; the entire chest was full; suffered when stabbed with

DUE TO (c): knife in hands of one Mary Louise Mitchell, in room of home at 1347 N. Leffingwell, about 4:30 P.M. 2/20/60.

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): 982x

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.)

20c. TIME OF INJURY Hour: 430 p.m. Month, Day, Year: 2 20 60

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 510 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] M.D.

22b. ADDRESS: 1300 Clara

22c. DATE SIGNED: 2/23/60

23a. BURIAL, CREMATION, REMOVAL (Specify): removal

23b. DATE: 26 Feb. 1960

23c. NAME OF CEMETERY OR CREMATORY: Jeff. Bks. National Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis Co. Mo.

24. FUNERAL DIRECTOR: Reliable Funeral Sys. — **ADDRESS**: 1389 N. UNion

25. DATE RECD. BY LOCAL REG.: FEB. 23-1960

26. REGISTRAR'S SIGNATURE: Hoard Smith. M.D.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Paul V. Freeman

Signature of Student Embalmer

Licensed Embalmer No. 4680

P. O. Address 1389U

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.