

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

-60-028067

FILED VS. JUL 28 1960

318

Primary Registration District No. 1003

Registrar's No. 7000

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 St. Louis			Length of stay in 1b 23 days		c. CITY OR TOWN Lovejoy
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Children's			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 115 N. 5th
3. NAME OF DECEASED (Type or print) First Terry Middle Lynn Last Arterbridge			4. DATE OF DEATH Month 7 Day 12 Year 60		
5. SEX Female	6. COLOR OR RACE Colored	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-5-54	9. AGE (last birthday) 6 years	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and state or country) St. Louis Missouri	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Eugene Arterbridge		13b. MOTHER'S MAIDEN NAME LaVerne Thomas	
14. NAME OF HUSBAND OR WIFE none		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Mary Ritter		Address 500 S Kingshighway		INTERVAL BETWEEN ONSET AND DEATH	
18. CAUSE OF DEATH (Enter one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sepsis DUE TO (b) 50% 2nd + 3rd degree burns of body. DUE TO (c) 9/6.0 16					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)				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 type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Burned while playing with matches			
20c. TIME OF INJURY Hour ? a.m. 6-19-60 p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	20f. CITY, TOWN, OR LOCATION Lovejoy	COUNTY Illmois	STATE
21. I attended the deceased from 6-19-60 to 7-12-60 and last saw her/him alive on 7-12-60 Death occurred at 3:15 A on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE E.M. Pierce M.D.			22b. ADDRESS St. Louis Childrens Hospital		22c. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 7-17-60	23c. NAME OF CEMETERY OR CREMATORY Booker Washington Cemetery	23d. LOCATION (city, town, or county) (State) Centerville Illinois		
24. FUNERAL DIRECTOR Marion E. Officer	ADDRESS E. St. Louis, Illinois	25. DATE RECD. BY LOCAL REG. JUL 12 1960	26. REGISTRAR'S SIGNATURE Carl Smith M.D.		

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Not Embalmed

Student _____

Signature of Student Embalmer

Signed _____

Britone Stewart

Licensed Embalmer No. _____

P. O. Address _____

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