

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 22 1960

-60-028878

318

1003

6878

STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Length of stay in 1b		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 Hospital #2		d. STREET ADDRESS (If outside, give location) 5502 Maple	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last DENICE TRICE			4. DATE OF DEATH Month Day Year July 2, 1960			
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5. SEX Female	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/27/56	9. AGE (last birthday) 3 yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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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 U. S. A.
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13a. FATHER'S NAME Marlin Trice	13b. MOTHER'S MAIDEN NAME Betty J. Love	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) none	16. SOCIAL SECURITY NO. none	17. INFORMANT Address Betty J. Trice, 5502 Maple
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Intracranial hemorrhage (traumatic and dural)</i>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c) <i>902.021</i>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>Suffered in fall from porch to ground below</i>
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20c. TIME OF INJURY Hour Month, Day Year <i>7:20 7 2 60</i>	20d. PLACE OF INJURY (e.g., in or out of home, farm, factory, street, office bldg., etc.) <i>at Nat'l on July 2, 1960</i>	20f. CITY, TOWN, OR LOCATION <i>St. Louis Mo</i>	COUNTY STATE
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or out of home, farm, factory, street, office bldg., etc.) <i>05 Home</i>	20f. CITY, TOWN, OR LOCATION <i>St. Louis Mo</i>	COUNTY STATE
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21. I attended the deceased from _____ and last saw him alive on _____ Death occurred at _____ <i>7:56 P.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <i>Saturne E. ...</i>	22b. ADDRESS <i>1350 Elm -</i>	22c. DATE SIGNED <i>7/18/60</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7/11/60	23c. NAME OF CEMETERY OR CREMATORY Oakdale Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
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24. FUNERAL DIRECTOR Charles J. Gates, 4107 Finney Ave.	25. DATE RECD. BY LOCAL REG. JUL 8 1960	26. REGISTRAR'S SIGNATURE <i>Earl Smith M.D.</i>
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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

Student \_\_\_\_\_  
*The body of Dennis Trice was not embalmed by me. I have examined body and find it to be fresh state of preservation.*

Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 1815

P. O. Address 4107 Finn

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.