JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 2 1960

-60-031899

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8261 STATE FILE NUMBER

ENDED

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 Saint Louis — Length of stay in 1b Life

c. CITY OR TOWN Saint Louis — Inside Limits Yes ☐ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Luke's — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 4924 Lotus — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First FRANK Middle OWEN Last BLACHE

4. DATE OF DEATH Month August Day 21 Year 1960

5. SEX Male

6. COLOR OR RACE Negro

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 1/15/40

9. AGE (last birthday) 20 — 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) Student

10b. KIND OF BUSINESS OR INDUSTRY --

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

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME J. Owen Blache

13b. MOTHER'S MAIDEN NAME Joy Pettiford

14. NAME OF HUSBAND OR WIFE None

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

16. SOCIAL SECURITY NO. 495 424 673

17. INFORMANT J. Owen Blache Address 4924 Lotus

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

PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Acute dilatation of Heart (Failure)

Acute pulmonary Oedema;

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) 2nd and 3rd degree Burns involving 80% of Body Surface

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Suffered with deceased was burned as the result of lightning striking gasoline while working at filling station at 1155 Hogedaught, about 530 pm., August 6, 1960

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 530 p.m. Month, Day, Year 8 6 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.) 05 Filling Station

20f. CITY, TOWN, OR LOCATION St Louis COUNTY Mo STATE 935.3 10

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____

Death occurred at 1015 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Patrick E. Taylor Coroner

22b. ADDRESS 1300 Clark

22c. DATE SIGNED 8.22.60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 8/23/60

23c. NAME OF CEMETERY OR CREMATORY St. Peter's

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

24. FUNERAL DIRECTOR Charles J. Gates ADDRESS 4107 Finney

25. DATE RECD. BY LOCAL REG. AUG 22 1960

26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

MEDICAL CERTIFICATION

DOCUMENT

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 _____ a Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed _____
Signature of Student Embalmer

Licensed Embalmer No. 1825

P. O. Address 4107 Finney

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