

FILED VS. SEP 8 1960

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) St. Louis		Length of stay in 1b		c. CITY OR TOWN St. Louis	
c. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital Nat		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		STREET ADDRESS 2431 Hickson	

3. NAME OF DECEASED (Type or print) Yvonne Dale			4. DATE OF DEATH Aug 28 60		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH May 16 1914	9. AGE (last birthday) 46	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION Unemployed	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTH PLACE (City and state or county) Berkdale Ark	12. CITIZEN OF WHAT COUNTRY U. S. A.		
13a. FATHER'S NAME John Dale		13b. MOTHER'S MAIDEN NAME Elizabeth Vine		14. NAME OF HUSBAND OR WIFE Arnie B Dale	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>Yes</i>	16. SOCIAL SECURITY NO. 13-13-41-9-1141	17. INFORMANT Maggie Baker 2431 Hickson
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Traumatic External Hemorrhage		981+
DUE TO (b) Penetrating gunshot wound of right shoulder with destruction of right subclavian vein and artery		
DUE TO (c) <i>Support of heart</i>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (But not including the 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 type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20. DESCRIBE OCCASION, CIRCUMSTANCES, AND NATURE OF INJURY (PART I & PART II of Item 18.) William's Arms Co. 2704 Chateau	

20c. TIME OF INJURY 1030 p.m.	Month, Day, Year 8 27 60	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	20f. CITY, TOWN, OR LOCATION St Louis Mo	COUNTY	STATE
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21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Joseph M. Zeman	(Degree or title) Deputy Registrar	22b. ADDRESS 1300 Clark	22c. DATE SIGNED 8-30-60
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23a. BURIAL, CREMATION, REBURY (Specify)	23b. DATE 9-2-60	23c. NAME OF CEMETERY OR CREMATORY National Cemetery	23d. LOCATION (City, town, or county) Jefferson Berwick Mo
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24. FUNERAL DIRECTOR S. J. Watson 216 1/2 Chestnut	ADDRESS	25. DATE RECD. BY LOCAL REG. AUG 30 1960	26. REGISTRAR'S SIGNATURE H. Smith M.D.
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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
or by _____, Student Embalmer No. _____
working under, my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

James R. [Signature]

Licensed Embalmer No. 4687

P. O. Address [Signature]

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