

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED VS AUG 17 1960

-60-032936

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7544 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 <u>St. Louis</u>		a. STATE <u>Missouri</u> b. COUNTY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Firmin Desloge Hospital</u>		c. CITY OR TOWN <u>St. Louis</u>	
Length of stay in 1b <u>5 days</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>3908 Vest Avenue</u>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <u>Virginia</u> Middle <u>M</u> Last <u>Sullivan</u>			4. DATE OF DEATH Month <u>July</u> Day <u>28</u> Year <u>1960</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-12-1907</u>	9. AGE (last birthday) <u>53</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Store room helper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mallinckrodt Chemical Co</u>		11. BIRTHPLACE (City and state or country) <u>Little Rock, Ark.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Sam Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Nettie Marchbanks</u>	
14. NAME OF HUSBAND OR WIFE <u>deceased</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Mrs. Jerry Cuddihee, 1949 E. Alice Ave</u>					

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) lower jaw; retro-peritoneal hemorrhage of right kidney, following injuries suffered when beaten by one John Stevens in or about home at 3626 Palm St. about 6:30 PM on or about July 11, 1960.
 DUE TO (b) committed fracture of the
 DUE TO (c) Homicide

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
983x

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.)
SEE ABOVE

20c. TIME OF INJURY
 Hour 6:30 P. Month, Day, Year 7-11-60

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 Missouri

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
 Death occurred at 10:30 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Paul J. Simon Deputy Coroner

22b. ADDRESS
1300 Clark

22c. DATE SIGNED
7/29/60

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

23b. DATE
Aug. 1, 1960

23c. NAME OF CEMETERY OR CREMATORY
Memorial Park Cemetery

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

24. FUNERAL DIRECTOR
Math Hermann & Son, Inc., 2161 E. Fair Av

25. DATE RECD. BY LOCAL REG.
JUL 29 1960

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

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Aug 17 1960

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 _____
Signature of Student Embalmer

Signed W. Fred G. Brown

Licensed Embalmer No. 4202

P. O. Address St. Louis

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.