RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS NOV 3 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10260 STATE FILE NUMBER 60-039990

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b: 9 Weeks
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): De Paul Hosp. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 5969 Theodosia Av. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Velma Middle Darlene Last Mathews
4. DATE OF DEATH: Month Oct. Day 21st Year 1960.
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: May 8, 1955
9. AGE (last birthday): 5 years — IF UNDER 1 YEAR: Months 5 Days 13 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): St. Louis Mo.
12. CITIZEN OF WHAT COUNTRY:
13a. FATHER'S NAME: Rev. N. E. Mathews
13b. MOTHER'S MAIDEN NAME: Velma Penrod
14. NAME OF HUSBAND OR WIFE: —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Rev. N. E. Mathews — Address: 5969 Theodosia

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Fractured Skull — 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):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Suffered in the struck by car operated by one
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.) Frank Allen Jr. in front of about 5969 Theodosia
20c. TIME OF INJURY: Hour 600 p.m. Month, Day, Year 8 20 60 — about 600 pm., Aug 20, 1960
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.): 06 Street
20f. CITY, TOWN, OR LOCATION: St Louis — COUNTY: Mo — STATE:

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 800 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Joseph M. Quinn Deputy Coroner
22b. ADDRESS: 1200 Clark
22c. DATE SIGNED: 10-22-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Oct. 24, 1960
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cem.
23d. LOCATION (City, town, or county): St. Louis — (State): Mo.

24. FUNERAL DIRECTOR: Bull-Campbell Mortuary — ADDRESS: 5165 Delmar
25. DATE RECD. BY LOCAL REG.: OCT 22 1960
26. REGISTRAR'S SIGNATURE: Earl 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.

Student_____ Signed J. Blinkley

Signature of Student Embalmer

Licensed Embalmer No. 3653 2653

P. O. Address_____

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