URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 2 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11345 STATE FILE NUMBER -60-044340

NDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived) a. STATE MISSOURI b. COUNTY

d. If institution: Residence before admission)

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b 15 yrs

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

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Firmin Desloge Hospital — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 3345a Indiana — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First FLORA Middle I. Last VOYLES

4. DATE OF DEATH Month November Day 24, Year 1960

5. SEX female

6. COLOR OR RACE white

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 7/20/94

9. AGE (last birthday) 66

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) at home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Belleville, Illinois

12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Charles Angell

13b. MOTHER'S MAIDEN NAME Martha Westwood

14. NAME OF HUSBAND OR WIFE Asa Voyles

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. 318-24-4581a

17. INFORMANT x Helen Bell Address 5300 Stanwood Normandy 21, Mo.

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Respiratory failure

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

DUE TO (b) Acoustic Neuroma

DUE TO (c) 223x

INTERVAL BETWEEN ONSET AND DEATH

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. ☐ 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 a.m. p.m. Month, Day, Year

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.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 11/20/60, to 11/24/60 and last saw her alive on 11/24/60.

Death occurred at 2:05 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Edwin C. Neville M.D.

22b. ADDRESS Firmin Desloge Hospital

22c. DATE SIGNED 11/24/60

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

23b. DATE 11/26/60

23c. NAME OF CEMETERY OR CREMATORY Walnut Hill

23d. LOCATION (City, town, or county) (State) Belleville, Illinois

24. FUNERAL DIRECTOR [signature] ADDRESS Belleville, Ill

25. DATE RECD. BY LOCAL REG. NOV 25 1960

26. REGISTRAR'S SIGNATURE Carl Smith M.D.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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 Virgil C. Bergman

Signature of Student Embalmer

Licensed Embalmer No. 369

P. O. Address Belleville

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

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.