MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

LED MAY 4 1961

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3909

61-014900
STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis, Missouri.
Length of stay in 1b: DOA
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Enroute City Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 3309 North 9th Street.,
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Julian; Middle:; Last: Avila

4. DATE OF DEATH: Month: April; Day: 21; Year: 1961

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 5/24/1938

9. AGE (last birthday): 22

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): Owner

10b. KIND OF BUSINESS OR INDUSTRY: St.Louis Cleaning Shop

11. BIRTHPLACE (City and state or country): San Antonio, Texas.

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

13a. FATHER'S NAME: Julian Avila

13b. MOTHER'S MAIDEN NAME: Julia Martinez

14. NAME OF HUSBAND OR WIFE: Dorothy Avila

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

17. INFORMANT: Dorothy Avila, 3309 North 9th Street.,
Address:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Shotgun wound of skull, suffered when shot by
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) party or parties unknown in store at 1407 So. Louis
DUE TO (c) ave., about 8-43 P.M., April 20, 1961.
Homicide
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)
98 1/x

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 8-43 a.m. p.m.; Month, Day, Year 4-20-61

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.)
Store

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

21. I attended the deceased from ____ to ____ and last saw her/him alive on ____
Death occurred at 9-32 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Paul Lemon (Degree or Title): Coroner
22b. ADDRESS: 1300 Clark
22c. DATE SIGNED: 4/24/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 4/24/61
23c. NAME OF CEMETERY OR CREMATORY: St. Matthews Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis, Missouri.

24. FUNERAL DIRECTOR: Albert H. Hoppe, Inc.,
ADDRESS: 4700 Washington Blvd.,
25. DATE RECD. BY LOCAL REG.: APR 24 1961
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed G. W. Wilkinson

Signature of Student Embalmer

Licensed Embalmer No. 35-75

P. O. Address St Louis Mo

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.