MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-013286
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3015

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 6 1962

VS 300
Rev. 4/59

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2 218
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED 3/72

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY

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

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

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

d. STREET ADDRESS (If outside, give location) 3538 Caroline — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print) First Middle Last: Edward Vineyard

4. DATE OF DEATH Month Day Year: 3-18-1962

5. SEX: Male

6. COLOR OR RACE: Cau.

7. Married X Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 6-29-37

9. AGE (last birthday): 24

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): Sheet Metal Worker

10b. KIND OF BUSINESS OR INDUSTRY: Labor

11. BIRTHPLACE (City and state or country): St.Louis

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

13a. FATHER'S NAME: Ellis Vineyard

13b. MOTHER'S MAIDEN NAME: Catherine Acton

14. NAME OF HUSBAND OR WIFE: Sally Vineyard

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.: Unknown

17. INFORMANT: Theodore McGuire — Address: 1337 Petite Dr.

MEDICAL CERTIFICATION

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) Subdural hemmorhage with superficial lacretion of the left lobe of the cerebrum; suffered when car

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

DUE TO (b) operated by Carlos Mikel, in which deceased was a passenger, struck truck operated by one

DUE TO (c) Elmer Papenberg, on McArthur Bridge, about 7:45 A.M March 17th 1962.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Criminal Carelessness on part of Mikel.

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES X NO ☐

20a. ACCIDENT X SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) See above 8/6-1-26

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK X

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): MacArthur Bridge

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

21. I attended the deceased from ____ to ____ and last saw her/him alive on ____

Death occurred at 6 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

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

22b. ADDRESS: 1300 Clark

22c. DATE SIGNED: 3/19/62

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

23b. DATE: 3-21-62

23c. NAME OF CEMETERY OR CREMATORY: Mt.Olive Cemetery

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

24. FUNERAL DIRECTOR: McLaughlin — ADDRESS: 2301 Lafayette St. Louis 1, Missouri

25. DATE REC'D BY LOCAL REG.: MAR 20 1962

26. REGISTRAR'S SIGNATURE: Noah Smith, M.D.

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 H. J. Farris

Signature of Student Embalmer

Licensed Embalmer No. 3384

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.