URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS JUL 26 1960

-60-029024
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2123

ENDED

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton — Length of stay in 1b 1 day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis County Host — 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) 1604 Belt Ave — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Ruby Middle Adeline Last Dameron
4. DATE OF DEATH Month July Day 14 Year 1960

5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 2-7-86
9. AGE (last birthday) 74 — 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) Bank Clerk
10b. KIND OF BUSINESS OR INDUSTRY Retired 8 years
11. BIRTHPLACE (City and state or country) Stoddard Co. Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME George Westernaver
13b. MOTHER'S MAIDEN NAME Valinda A. Bryan
14. NAME OF HUSBAND OR WIFE Lawrence Dameron

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 490-20-9698
17. INFORMANT Mrs Ada F. Evans Address 10820 St. Charles Rd

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Contusion of brain, subacute, rt cerebellar lobe and cerebrum in left frontal and temporo-parietal area — INTERVAL BETWEEN ONSET AND DEATH 3 mos
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) linear fracture of skull, rt occipital area extending to foramen magnum — 3 mos
DUE TO (c)

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

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.) Auto accident

20c. TIME OF INJURY 9:00 Hour — p.m. Month, Day, Year 4-28-60

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.) Street 5 S
20f. CITY, TOWN, OR LOCATION St. Chas. Rock Rd + Woodson Rd. COUNTY St. Louis STATE Mo.

21. I attended the deceased from July 13, 1960, to July 14, 1960 and last saw her alive on 7-14-60
Death occurred at 12:35 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Albert L. Howe M.D. (Degree or title)
22b. ADDRESS 601 S. Brentwood Bl.
22c. DATE SIGNED 7-14-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 7-18-60
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.
23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

24. FUNERAL DIRECTOR Shepard Funeral Home ADDRESS 1167 Hamilton
25. DATE RECD. BY LOCAL REG. 7-15-60
26. REGISTRAR'S SIGNATURE John C. [illegible] M.D.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

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 Lawrence O. Gerling

Signature of Student Embalmer

Licensed Embalmer No. 4979

P. O. Address St. Louis, M

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.