RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-031089

STATE FILE NUMBER

FILED VS AUG 19 1960

Registration District No. 160 Primary Registration District No. 5592 Registrar's No. 100

IDED

1. PLACE OF DEATH
a. COUNTY JEFFERSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL JOACHIM — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION taken from Mississippi River — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis
c. CITY OR TOWN ST. LOUIS 38 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 1240 JUNE DRIVE — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Brenda Middle Lee Last Caudle
4. DATE OF DEATH Month 8 Day 7 Year 60
5. SEX Female
6. COLOR OR RACE W
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH JAN. 26 1960
9. AGE (last birthday) — IF UNDER 1 YEAR Months 6 Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT
10b. KIND OF BUSINESS OR INDUSTRY ------
11. BIRTHPLACE (City and state or country) ST. LOUIS, MO.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME RALPH E. CAUDLE
13b. MOTHER'S MAIDEN NAME NORMA MOWNEY
14. NAME OF HUSBAND OR WIFE ---
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. none
17. INFORMANT OSCAR CAUDLE Address 11813 OLD ST. CHARLES BRIDGETON, 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) Drowning — 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)
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.) Boating Accident
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.) Mississippi River
20f. CITY, TOWN, OR LOCATION Crystal City COUNTY Jeff. STATE Mo.

21. I attended the deceased from Coroner's View and last saw her/him alive on
Death occurred at 3:30 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James C. Rehm DC Coroner
22b. ADDRESS Festus Mo.
22c. DATE SIGNED 8/9/60

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 8-11-60
23c. NAME OF CEMETERY OR CREMATORY LAUREL HILL MEM. GARDEN
23d. LOCATION (City, town, or county) (State) ST. LOUIS CO. MISSOURI

24. FUNERAL DIRECTOR ADDRESS GENTRY R. POLITTE CRYSTAL CITY, MO.
25. DATE RECD. BY LOCAL REG. 8-10-60
26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

DEC 30 1960

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_____
Signature of Student Embalmer

Signed Gentry R. Pole

Licensed Embalmer No. 348

P. O. Address Crystal

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.