rtificate of such

Director of Vital Records & Statistics Lorraine Benjamin-Matthew OFFICIAL TITLE

CERTIFIED COPY ADDRESS Charlotte Amalie, St. Thomas 2022 October 27. HD-hp PERMANENT IN WHERE DECEASED

WHERE DECEASED

UVED. IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE INSTRUCTIONS DECEASED PARENTS CERTIFIER DATE RACE DECEASED-NAME CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. STATE OF BIRTH (IF NOT IN U.S.A., NAME CITY, TOWN, OR LOCATION OF DEATH 2 MAILING ADDRESS Schneider Regional Medical Center FUNERAL DIRECTOR—SIGNATURE BURIAL, CREMATION, REMOVAL CERTIFIER -- NAME TYPE OR PRINT CERTIFICATION—
PHYSICIAN: PART II SOCIAL SECURITY NUMBER INJURY AT WORK 20 Accident OR UNDETERMINED (SPECIFY) RESIDENCE - STATE ACCIDENT, SUICIDE, HOMICIDE, ATHER-NAME PART Fort Worth, NFORMANT-NAME Charlotte Amalie White 451-79-6647 Francisco J. Landron Z USVI DECEASED FROM CAUSE OTHER SIGNIFICANT CONDITIONS: Cremation LOCAL FILE NUMBER DEATH WAS CAUSED BY: /s/ Judith Gumbs KINOW 20 PLACE OF INJURY ş COUNTY DUE TO, OR AS A CONSEQUENCE OF Ĵ (a) Drowning Kelly Tepera ō DUE TO, OR AS A CONSEQUENCE OF MMEDIATE CAUSE DAY Richard Greene Ryan St DATE OF INJURY Magens Bay Beach October 16, Thomas CITIZEN OF WHAT COUNTRY AGE USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF FUNERAL HOME -- NAME AND ADDRESS CEMETERY OR CREMATORY—NAME YEAR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART Turnbull's Funeral Home & Crematory 50 Turnbull's Funeral Home & Crematory VIRGIN ISLANDS OF THE UNITED STATES 5 (MONTH, DAY, YEAR) MIDDLE US CERTIFICATE OF DEATH HENOW , 2022 MOS. DAY MSIDE CITY CITY, TOWN, OR LOCATION 7 William ΥES DEPARTMENT OF HEALTH OF THE REGISTRAR — SIGNATURE OR NO DAY DAYS _awyer /s/ Lorraine Benjamin-Matthew Charlotte Amalie SIGNATURE HOUR [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] Married but separted in HOSPITAL OR OTHER INSTITUTION -NAME (I) NOT IN EITHER. GIVE STREET AND NUMBER UNDER 1 DAY × MAILING ADDRESS WEDOWED, DIVORCED (SPECIFY) MARRIED, NEVER MARRIED, LOCATION YEAR /s/ Francisco J. Landron HOUR OF DEATH Peterborg Via Little Magens Magens Bay Beach-Petersborg St. Thomas, 1808 LAST AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR X Z Greene MOTHER-MAIDEN NAME St. DATE OF BIRTH 206 HOW INJURY OCCURRED I ENTER NATURE OF INJURY IN PART I OR PART 11, ITEM 181 Thomas, 3908 Sagamore Hill Ct. Plano, TX 75025 Dec. 16, Drowning (STREET OR ILE, D. NO., CITY OR TOWN, STATE | LOCATION THE DECEDENT WAS PRONOUNCED DEAD SEX 3815 Crown Bay # 10 St. Thomas, VI 00802 SPECIFY YES OR NO KIND OF BUSINESS OR INDUSTRY ISTREET OR R.F.D. NO., CITY OR TOWN, STATE, ZPP) Law Office SURVIVING SPOOSE (IF WIFE, GIVE MAIDEN HAME Male 1971 Virgin Islands 00802 N/A SORY AFTER DEATH. (HOUR) St. Thomas, Virgin Islands MD THE October 16, STREET Karen Dodson DATE OF DEATH I MONTH, DAY, COUNTY OF DEATH October 16, 2022 St. Thomas 266 DATE RECEIVED BY LOCAL BEGISTBAR AND AUTOPSY 153-22-000302 Yes NUMBER STATE FILE NUMBER 2022 15 October 27, 2022 \mathbf{B} DATE SIGNED IMONIK, ≤ Norre Gade 1808 IF YES SIDERED OF DEAT October 25, 2022 DEATH BETWEEN ONSET AND D AT THE PLACE, ON THE DATE, AND, TO THE 1EST OF MY KNOWLEDGE, DUE M. TO THE CAUSE(S) STATED. IN DETERMININGS Yes ٤ DAY, YEAR)

CAUSE

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