S. No. 2
1-9-4-41
v. 5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 7 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31061

Registration District No. 275 Primary Registration District No. 8942 Registrar's No. 94

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town Rural (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County St. Louis 12

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 9

(d) Street No. 920 Tower Grove Ave. (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country /

3. (a) PRINT FULL NAME Lydia A. Harpster

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F /

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased August (Month) 24 (Day) 1902 (Year)

8. AGE: Years 40 Months 0 Days 12 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Clerk

11. Industry or business unknown

FATHER
12. Name Theodore Custer
13. Birthplace Peru (City, town, or county) Indiana / (State or foreign country)

MOTHER
14. Maiden name Gertrude Taylor
15. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Taylor F. Custer (Brother)

(b) Address 4030 Chouteau St. Louis, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-7-42 (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director Alfred T. Smith

(b) Address Rolla, Mo.

19. (a) 9-9-1942 (Date received local registrar) (b) Kellis Walker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 6 year 1942 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 that I last saw h alive on , 19 and that death occurred on the date and hour stated above.

Immediate cause of death Automobile Accident,

Due to Broken neck, Crushed chest broken jaw and other injuries.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) yes 081

(b) Date of occurrence Sept 6th 1942

(c) Where did injury occur? On Highway #66 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no, 7 miles West of Rolla, Mo (Specify type of place)

While at work? no (e) Means of injury on Highway

23. Signature R. S. Nullanovic Rolla (M.D. or other) 710

Address 309 Cedar Sept 7-42 Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3643

P. O. Address Cuba, 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 this body is not embalmed, fact should be so stated above.