

APR 19 1943 318

Registration District No. _____

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Prognosed dead at City Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 9915 Riverview Dr.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Carl Standerfer

3. (b) If veteran, name war No 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Phoebe Standerfer 6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased February 2, 1916
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>27</u>	<u>2</u>	<u>3</u>		hr. _____ min.

9. Birthplace Dahlgren Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Switchman

11. Industry or business Railroad

12. Name Trap Standerfer

13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Phoebe Standerfer

(b) Address 9915 Riverview Dr.

17. (a) Burial (b) Date thereof 4/8/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jeff. Barr. Nat. Cem

18. (a) Signature of funeral director W. Schumacher

(b) Address 3013 Meramec

19. (a) APR 7 1943 (b) J. F. Budick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5
year 1943 hour 3.00 minute _____ A. M.

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

Immediate cause of death: Subdural Hemorrhage of the Brain and external hemorrhage; Compound fracture of left leg; when he was struck by an automobile; driver unknown and who failed to stop, April 5, 1943.

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Homicide
(b) Date of occurrence April 5, 1943
(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
23. Signature Alfred J. Jones (M, D, or other) _____
Address Capital Center Date signed 4/12/43

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

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

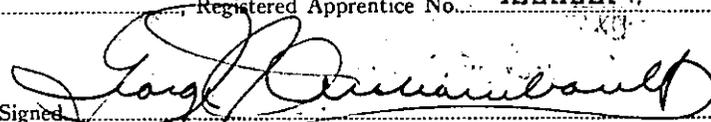
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

George N. Archambault

Registered Apprentice No. **XXXXXX**

working under my personal supervision.

Signed



Licensed Embalmer No. **2906**

P. O. Address **3013 Meramec**

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.