S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32772

FILED OCT 4 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9770

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

1. PLACE OF DEATH

(a) County

(b) City or town SAINT LOUIS 2
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ENROUTE TO ACCIDENT 18th & MULLANPHY STS. CITY HOSPITAL
(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:

(a) State MISSOURI (b) County St. Louis 91

(c) City or town Jennings
(If outside city or town limits, write "RURAL")

(d) Street No. 7041 GARESCHE AVENUE
(If rural, give location)

N.R.

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

If yes, name country

3. (a) PRINT FULL NAME EDDIE LEO MABUCE

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife

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

7. Birth date of deceased DECEMBER 13th, 1930
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	16	9	4	hr. min.

9. Birthplace SPARTA, ILLINOIS
(City, town, or county) (State or foreign country)

10. Usual occupation CLICKER OPERATOR

11. Industry or business HAMILTON*SCHEID*&WALSH SHOE CO.

FATHER
12. Name EDWIN MABUCE
13. Birthplace MISSOURI
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name LORA FINLEY
15. Birthplace JASPER, ALABAMA
(City, town, or county) (State or foreign country)

16. (a) Informant MR. MILTON WOLF
(b) Address 7041 GARESCHE AVENUE

17. (a) BURIAL - REMOVAL (b) Date thereof 9-21-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation SPARTA, ILLINOIS

18. (a) Signature of funeral director CALVIN F. FEUTZ
(b) Address 4828 NATURAL BRIDGE BLVD.

19. (a) SEP 18 1947 (b) J F Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPTEMBER day 17th
year 1947 hour 7 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 1 Fracture of Skull
2 Laceration of Brain when the automobile he was driving
Due to Collided with a truck driven by One Fred Harris (Col) at the
Due to Intersection of 18th & Mullanphy streets around 7:30 a.m. Sept 17, 1947

Duration

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 170
Of autopsy 22

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Sept 17 1947 ord
(c) Where did injury occur? St Louis (City or town) (County) (State) Mo
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public street (Specify type of place)
While at work? (e) Means of injury B above

23. Signature Patrick E. Taylor Dep Cor (M. D. or other)
Address 1300 Clark Date signed 9-18-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

OCT 9 1947

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 John A. Mlinar

Licensed Embalmer No. 4186

P. O. Address St. Louis 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.