FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 12 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 24474

Registrar's No. 6683

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Enroute City Hospital 3
(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 96
(c) City or town Creve Couer 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. R.R.#2 1
(If rural, give location)
N.R.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Richard C. Lemke
3. (b) If veteran, name war World War II
3. (c) Social Security No. 376-22-0945
4. Sex Male 0
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 January (Month) 31 (Day) 1926 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 22 | 5 | 26 | hr. min. |

9. Birthplace Birmingham (City, town, or county) Michigan (State or foreign country) 1
10. Usual occupation Embalmers Apprentice
11. Industry or business
MOTHER FATHER
12. Name Richard C. Lemke 1
13. Birthplace Ionia (City, town, or county) Michigan (State or foreign country) 1
14. Maiden name Pearl Montgomery
15. Birthplace Belding (City, town, or county) Michigan (State or foreign country) 1
16. (a) Informant Pearl Lemke
(b) Address Ionia, Michigan
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-29-48 (Month) (Day) (Year)
(c) Place: burial or cremation Ionia, Michigan
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) JUL 29 1948 (Date received by local registrar) (b) J. J. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 year 1948 hour 3:25 minute P 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 Decapitation when the hearse he was riding in and being driven by one Joseph O'Connor, was struck by a Public Service bus being driven by one Paul Davis, at the intersection of 22nd & Madison Sts., around 3:25 P.M. July 27, 1948.
Due to ACCIDENT

Duration

Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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 7-27-1948
(c) Where did injury occur? St. Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? public place (Specify type of place)
While at work? see above Means of injury See above
23. Signature Patrick E. Taylor (M. D. or other) Dep Cor
Address 1300 Clark Date signed 7-29-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

31948

6683

## 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.....

P. O. Address.....

**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.**