S. No. 300
v. 10.48

FILED APR 4 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11341

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 795

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

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Clayton
c. LENGTH OF STAY (in this place) D.O.A.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) En-Route St. Louis County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Dent
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salem 0331
d. STREET ADDRESS (If rural, give location) 2708 Caroline 26 1

3. NAME OF DECEASED (Type or Print)
a. (First) Delena
b. (Middle)
c. (Last) Land

4. DATE OF DEATH (Month) (Day) (Year) 3-25-50

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 13, 1932
9. AGE (In years last birthday) 17 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY at home
11. BIRTHPLACE (State or foreign country) Buick, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Robert Smith
13b. MOTHER'S MAIDEN NAME Unavailable
14. NAME OF HUSBAND OR WIFE Leonard Clark Land

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) Nil
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Leonard Clark Land, Salem Missouri ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) multiple body fractures and internal injuries-pedestrian

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) struck by automobile while crossing Highway 66 near
DUE TO (c) Vandover Road, St.Louis County,Mo.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 400 812.4
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Public Road
21c. (CITY, TOWN, OR TOWNSHIP) Rural (COUNTY) St. Louis (STATE) Mo.
21d. TIME OF INJURY (Month) 3 (Day) 26 (Year) 50 (Hour) P m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? See above

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Arnold J. Willmann (Degree or title) Coroner
23b. ADDRESS Clayton, Mo.
23c. DATE SIGNED 3/28/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 3-27-50
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) Salem, Missouri (State)

DATE REC'D BY LOCAL MAR 27 1950
REGISTRAR'S SIGNATURE Herbert R. Domke, Mal/Pr
25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe ADDRESS 4700 Washington

(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 Me

.....

working under my personal supervision.

Student Embalmer No.....

Signed Guy W Wilkinson

Signed.....
Student Embalmer

Licensed Embalmer No. 3575

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.