

S. No. 300
V. 10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17044

State File No. _____

FILED MAY 26 1952

BIRTH NO. _____		REG. DIST. NO. <u>162</u>		PRIMARY REG. DIST. NO. <u>5595</u>		Registrar's No. <u>43</u>				
1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>ST. LOUIS</u>						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ROCK TOWNSHIP</u>		c. LENGTH OF STAY (In this place) <u>ACCIDENT</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS Mo.</u>		<u>2179</u>				
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>ON HIGHWAY 61-67 NEAR ARNOLD Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>4012 A. BONTANICAL AVE 1</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u> b. (Middle) <u>E.</u> c. (Last) <u>MASSEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 14, 1952.</u>							
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>MAY 2, 1934</u>		9. AGE (In years last birthday) <u>18</u>	10. MONTHS <u>0</u>	11. DAYS <u>12</u>	12. HOURS <u>-</u>	13. MIN. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STUDENT.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>SCHOOL</u>		11. BIRTHPLACE (State or foreign country) <u>EAST ST. LOUIS, ILL. 1</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>JAMES A. MASSEY</u>			13b. MOTHER'S MAIDEN NAME <u>LORETTA RYAN</u>		14. NAME OF HUSBAND OR WIFE <u>SINGLE</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT'S SIGNATURE OR NAME <u>JAMES A. MASSEY</u> ADDRESS <u>ST. LOUIS, MO. 4012A. BONTANICAL</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Neck injuries caused by</u> DUE TO (c) <u>Head-on collision of two cars</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>(Neck was broken)</u>							INTERVAL BETWEEN ONSET AND DEATH <u>E 8:16 4</u> <u>26</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION. <u>See Thor. Report</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SOURCE <u>HOMICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 61-67</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>050 Jefferson MO</u>						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Head on collision of 2 cars.</u>						
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 <u>5:30 p.m.</u> , from the causes and on the date stated above.										
23a. SIGNATURE <u>St. Louis Coroner</u>					23b. ADDRESS <u>CR 1 Berthol</u>			23c. DATE SIGNED <u>5/14/52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL.</u>		24b. DATE <u>MAY 17, 52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Mo.</u>					
DATE REC'D BY LOCAL REG. <u>5-17-52</u>		REGISTRAR'S SIGNATURE <u>Ruth Jirsa</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>DONNELLY'S UND. CO.</u>		ADDRESS <u>3840 LINDELL ST. LOUIS, MO.</u>			

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

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X

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED MAY 20 1952

MAY 20 1952

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Arthur W. Heiligstein

Licensed Embalmer No. 3892

P. O. Address Kennett 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.