FILED MAY 27 1952

V.S. No. 300
Rev. 10.48

3

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17962

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3957

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

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. Louis Mo.
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): City Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: ST. LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~[illegible]~~ 4000
d. STREET ADDRESS (If rural, give location): 9201 WATSON RD.

3. NAME OF DECEASED (Type or Print): a. (First) BETTY b. (Middle) MARIE c. (Last) FAIN
4. DATE OF DEATH (Month) (Day) (Year): APRIL-25-52

5. SEX: FE.
6. COLOR OR RACE: W.
7. MARRIED, ~~NEVER MARRIED, WIDOWED, DIVORCED~~ (Specify): M
8. DATE OF BIRTH: JULY-8-1928
9. AGE (In years last birthday): 23 YRS — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: CARL LONDON.
13b. MOTHER'S MAIDEN NAME: MARIE CARLTON
14. NAME OF ~~HUSBAND OR~~ WIFE: E. GENE FAIN.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: E. GENE Fain 9201 Watson Rd.

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 — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fr dislocation of first cervicle; Fr of skull; Sub dural hemorrage.
ANTECEDENT CAUSES — DUE TO (b) Suffered in collision between
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. — DUE TO (c) Cooperated by deceased and cooperated by Chas E. Hajek at
II. OTHER SIGNIFICANT CONDITIONS — intersection of Donovan and
Conditions contributing to the death but not related to the disease or condition causing death. Eichelberger about 546 p.m.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: apr 25 1952 ooo accident
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.): Street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St Louis Mo 68164
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): apr 25 52 5 46 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 26

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 546 p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] (Degree or title)
23b. ADDRESS: 1300 Clark
23c. DATE SIGNED: 4/26/52

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: APRIL-28-52
24c. NAME OF CEMETERY OR CREMATORY: SUN SET
24d. LOCATION (City, town, or county) (State): St. Louis Co, Mo

DATE REC'D BY LOCAL REG.: APR 28 1952
REGISTRAR'S SIGNATURE: J Carl Smith MO
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: E. J. Schnur 3125 Lafayette A

(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.....

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette

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.