

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30004**
Registrar's No. **7667**

FILED SEP 3-1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 0		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Route 2-Collinsville 8		a. STATE Illinois b. COUNTY Madison 8120	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes		d. STREET ADDRESS (If rural, give location) Rural Route 2, Collinsville			
3. NAME OF DECEASED (Type or Print)		a. (First) EMMA		b. (Middle) A.	
		c. (Last) SCHIBER		4. DATE OF DEATH (Month) (Day) (Year) 8 11 52	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3-4-1878	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months
					IF UNDER 2 WKS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work		10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (State or foreign country) Edwardsville Township, Ill.	
				12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Frank Zajicek		13b. MOTHER'S MAIDEN NAME Josephine Brouke		14. NAME OF HUSBAND OR WIFE William J. Schiber	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS William J. Schiber Collinsville, Ill.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage caused by fractured Pelvis; Fractured Rib (bilateral)		ANTECEDENT CAUSES Due to a fracture from car operated by one of Schiber's that skidded on			Interval between onset and death
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Stuck and struck truck on truck 61 and 67 near Lestus Mo			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION: about 10:00 am Aug 11 Accident			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Truck		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) near Lestus Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 11 52 10:00		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 050 E8161	
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 2:55 m., from the causes and on the date stated above. 26					
23a. SIGNATURE (Degree or title) Joseph W. Zimmerman			23b. ADDRESS 1900 Clark		23c. DATE SIGNED 8/14/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8-12-52	24c. NAME OF CEMETERY OR CREMATORY Buck Road		24d. LOCATION (City, town, or county) (State) Collinsville Township, Ill.
DATE REC'D BY LOCAL REG. AUG 12 1952		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Collinsville, Ill.	

(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 _____

working under my personal supervision. _____ Student Embalmer No. _____

Student
Student Embalmer

Signed Herbert A. Kasper

Licensed Embalmer No. 2803

P. O. Address Collinsville, Ill

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.