

No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20157

State File No. ....

LED JUN 10 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1441

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>New York</b> b. COUNTY <b>Bronx</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clayton</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bronx New York</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>COUNTY HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>1475 Sheridan</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Arthur</b> b. (Middle) <b>Ravetz</b> c. (Last) <b>Ravetz</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 24, 1953</b>		
--	--	--	--	--	--

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>March 24, 1924</b>	9. AGE (In years last birthday) <b>29</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
--------------------	-------------------------------	---	--	---	------------------------	-----------------------	-------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Pilot</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Airplane</b>	11. BIRTHPLACE (State or foreign country) <b>New York City</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
--	---	--	--

13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Single</b>
-----------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>	16. SOCIAL SECURITY NO. <b>W.V. 2 105 18 5240</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Russell E Moriarty</b>	ADDRESS <b>Westwood No. J.</b>
--	---	---	--------------------------------

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, asphyxia, 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) <b>Multiple fractures, brain damage &amp; shock -suffered while an occupant of an airplane which crash landed on the eastern end of Lambert Air Field and was destroyed. All occupants were personnel of Meteor Air Transport, Inc.</b>		
	II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>400 861X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Lambert Airport</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <b>Berkeley City St. Louis</b> (STATE) <b>Mo.</b>
--	---	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>5/24/53 5:33 A.</b>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Crash landing of airplane</b>
--	---	---

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.

22. SIGNATURE <b>Arnold J. Willmann, Chmn</b>	(Degree or title) <b>3</b>	23b. ADDRESS <b>Clayton, Mo.</b>	23c. DATE SIGNED <b>5/26/53</b>
---	----------------------------	----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>5/25/53</b>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <b>Bronx, New York</b>
--	--------------------------	------------------------------------	--

DATE REC'D BY LOCAL REG. <b>5-25-53</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Donke</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>McCollum's Funeral Home</b>	ADDRESS <b>10123 St. Charles St.</b>
---	---	---	--------------------------------------

521 (Licensed Embalmer's Statement on Reverse Side)

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

1002  
3

**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 John S. Penner  
Licensed Embalmer No. 4194  
P. O. Address St. Louis

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.