V.S. No. 300
Rev. 10-48

FILED NOV 25 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41487

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2971

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): St. Louis Co. Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 4526 Union Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): EDWARD
b. (Middle): JOHN
c. (Last): SOBCZAK

4. DATE OF DEATH (Month) (Day) (Year): Nov. 15th, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: June 23, 1935
9. AGE (In years last birthday): 18 — 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): Baker
10b. KIND OF BUSINESS OR INDUSTRY: Wonder Baking Co.
11. BIRTHPLACE (State or foreign country): St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: Leo Sobczak
13b. MOTHER'S MAIDEN NAME: Genevieve Garbulski
14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 498-34-8332
17. INFORMANT'S SIGNATURE OR NAME: Leo Sobczak — ADDRESS: 4526 N. Union Blvd.

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) from brain damage and probable skull fracture

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) crushing injury of the chest with asphyxia, suf-
DUE TO (c) fered while operating his automobile north on Highway 99, of which he lost control near Cold Water Creek, ran off the road and into a ravine, throwing him out of the car. The deceased was removed to the St. Louis County Hospital by White Ambulance Service and was pronounced dead on arrival.

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

INTERVAL BETWEEN ONSET AND DEATH: 82.34

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 32
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.): Highway
21c. (CITY, TOWN, OR TOWNSHIP) near Cold Water Creek **(COUNTY)** St. Louis 400 **(STATE)** Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov. 15, 1953 2:13 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Lost control of car BLUNT IMPACT - Ran off road & into Ravine.

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. Cullmann (Degree or title): Coroner
23b. ADDRESS: Clayton, Mo.
23c. DATE SIGNED: 11-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: Nov. 19, 1953
24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis, Missouri

DATE REC'D BY LOCAL REG.: 11/17/53
REGISTRAR'S SIGNATURE: Herbert B. Jamke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Central Funeral Home 5541 Riverview Blvd.
(Licensed Embalmer's Statement on Reverse Side)

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

JUL 16 1958

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 J. Allen Davis Jr.

Licensed Embalmer No. 4058

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.