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V.S. No. 300
Rev. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41719

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500a Registrar's No. 2983

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFFERSON BARRACKS
c. LENGTH OF STAY (in this place): 3 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETERANS ADMINISTRATION HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: ILLINOIS
b. COUNTY: MADISON
c. CITY OR TOWN: ALTON
d. Is Residence within limits of a city or incorporated town? Yes XX No ☐
e. STREET ADDRESS (If rural, give location): 2805 RESIDENCE STREET

3. NAME OF DECEASED (Type or Print)
a. (First): ELMER
b. (Middle): L
c. (Last): OLIVER

4. DATE OF DEATH (Month) (Day) (Year): 11-17-53

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED
8. DATE OF BIRTH: 3-10-16
9. AGE (In years last birthday): 37 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ODD JOBS
10b. KIND OF BUSINESS OR INDUSTRY: UNKNOWN
11. BIRTHPLACE (City and State or Foreign Country): WHITE CITY, ILLINOIS
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: JOHN OLIVER
13b. MOTHER'S MAIDEN NAME: SARAH ALLEN CATHEY
14. NAME OF HUSBAND OR WIFE: NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): WWII
16. SOCIAL SECURITY NO.: 381268694
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: VA HOSPITAL RECORDS, JEFF.BKS, MO

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL HEMORRHAGE - POST TRAUMATIC — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) MULTIPLE FACIAL FRACTURES

DUE TO (c) SKULL FRACTURE

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO XX

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) (COUNTY) (STATE): 3 miles east of Nashville, Illinois
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 11 - 14 - 53 1:00 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Blunt impact. Automobile in which he was a passenger, collided with a tractor-trailer

22. *I hereby certify that I attended the deceased from* 11-14-53 VA, *19*____, *to* 11-17-53, *19*____, *and that death occurred at* 5:17A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. A. ALLEN M.D.
23b. ADDRESS: VA HOSPITAL, JEFF.BKS, MO.
23c. DATE SIGNED: 11-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 11-18-53
24c. NAME OF CEMETERY OR CREMATORY: local
24d. LOCATION (City, town, or county) (State): Ridgeway, Illinois.

DATE REC'D BY LOCAL REG.: 11-18-53
REGISTRAR'S SIGNATURE: Herbert R. Donke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Albert H. Hoppe 4700 Washington.

(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 ..... Signature of Student Embalmer

Signed Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address St. Louis 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.