

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

2475

State File No.

No. 300
10-48

FILED JAN 18 1954

REG. DIST. NO. 306 PRIMARY REG. DIST. NO. 6048 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dardenne Creek</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Bonhomme</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway 40 & 61</u>		d. STREET ADDRESS (If rural, give location) <u>Mason Rd.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Siegel</u> b. (Middle) <u>T.</u> c. (Last) <u>Clevenger</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 2 1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 9, 1888</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>15</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>self employed</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Springfield, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Marie</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>488-26-1353</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Siegel T. Clevenger</u> ADDRESS <u>Rt 13, Kirkwood Mo</u>

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Automobile accident two cars</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>E-81/54</u> <u>26</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Internal injuries & multiple fractures</u>		
	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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>Highway 40#61</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Dardenn St. Charles</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan. 2 1954 m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Two cars hit head-on</u>

22. I hereby certify that I attended the deceased from Jan 11, 1954 to Jan 11, 1954, that I last saw the deceased alive on Jan 11, 1954, and that death occurred at 1:00 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Marie Murchay Carson</u> (Degree or title)	23b. ADDRESS <u>Wentz</u>	23c. DATE SIGNED <u>Jan 11-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>1/5/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Paul Ev. Luth</u>
24d. LOCATION (City, town, or county) (State) <u>Des Peres Mo.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Schrader Funeral Home Ballwin, Mo.</u> ADDRESS	
DATE REC'D BY LOCAL REG. <u>Jan 13-54</u>	REGISTRAR'S SIGNATURE <u>E.A. Keithly</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

720
3

MAR 29 1968

MAR 29 1968

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 Richard Bopp

Licensed Embalmer No. 4584

P. O. Address Bellwin, 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 this body is not embalmed, fact should be so stated above.