

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

State File No. **7084**
Registrar's No. **398**

FILED MAR 2 1954

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>398</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis,</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri.</u> b. COUNTY <u>Franklin</u>					
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Clayton Mo.</u>		c. LENGTH OF STAY (In this place) <u>DOA.</u>		c. CITY OR TOWN <u>St. Clair</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis, County Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>0360</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u>			b. (Middle) <u>C.</u>		c. (Last) <u>Higgins</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 11, 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>Nov. 7, 1921</u>		9. AGE (In years last birthday) <u>32</u> 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) <u>Auto Mechanic.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Auto Mfg.</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Cuba, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Alvie C. Higgins</u>			13b. MOTHER'S MAIDEN NAME <u>Bernice Appel</u>			14. NAME OF HUSBAND OR WIFE <u>Kaythryn Moser Higgins</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give year or date of service) <u>W. W. 2</u>			16. SOCIAL SECURITY NO. <u>530-16-9097</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Kathryn Higgins,</u> ADDRESS <u>St. Clair, Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple injuries and skull fractures suffered when the automobile in which he was a passenger, and which was being operated by Clyde Bailey of Sullivan, Mo. crashed into the rear of a truck being operated by Alfred Zebel, while both vehicles were proceeding east on Highway 66, 0.7 mi. east of 141.</u>						INTERVAL BETWEEN ONSET AND DEATH	
		2. OTHER SIGNIFICANT CONDITIONS <u>Antecedent causes: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>66, 0.7 mi. east of 141.</u>						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, train, factory, street, office bldg., etc.) <u>highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Rural</u> (COUNTY) <u>26</u> (STATE) <u>St. Louis Mo.</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2/11/54 5:45A</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Passenger in auto which collided with a truck</u>					
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 <u>Arnald J. Willmann</u> (Degree or title) <u>Coroner</u>				23b. ADDRESS <u>Clayton, Mo.</u>			23c. DATE SIGNED <u>2/16/54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2-13-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sullivan, Missouri.</u>			
DATE REC'D BY LOCAL REG. <u>2-13-54</u>		REGISTRAR'S SIGNATURE <u>Herbert P. Dombke M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe 4700 Washington.</u>				

514 (Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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 *Elton R. Remelius*

Licensed Embalmer No. *428*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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