

FILED JUL 22 1954

STANDARD CERTIFICATE OF DEATH

DUPLICATE 25567
State File No. 1630

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 341 Registrar's No. 1630

1. PLACE OF DEATH

a. COUNTY **St. Louis**

b. CITY (If outside corporate limits, write "UNINCORPORATED" and give town) **Clayton**

c. LENGTH OF STAY (in this place) **10**

d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Louis County**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE **Missouri** b. COUNTY _____

c. CITY OR TOWN **St. Louis**

d. Is Residence within limits of a city or incorporated town? Yes No

e. STREET ADDRESS (If rural, give location) **5904 Enright Avenue 2051**

3. NAME OF DECEASED (Type or Print)

a. (First) **Eugene** b. (Middle) **Victor** c. (Last) **Onken**

4. DATE OF DEATH (Month) (Day) (Year) **7 - 7 - 1954**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Single**

8. DATE OF BIRTH **2 - 4 - 1909** 9. AGE (In years last birthday) **45**

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) **Custodian**

10b. KIND OF BUSINESS OR INDUSTRY **Hawthorne School**

11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Missouri**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Diedrich Onken** 13b. MOTHER'S MAIDEN NAME **Christina Koenemann** 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) _____

16. SOCIAL SECURITY NO. **488-26-8719** 17. INFORMANT'S SIGNATURE OR NAME **Mr. George Onken** ADDRESS **8805 Goodfellow Ave**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* **from self-ingested carbon monoxide poisoning.**

INTERVAL BETWEEN DEATH AND EXAMINATION **10 HOURS**

II. OTHER SIGNIFICANT CONDITIONS **Very hot motor in this room with doors closed, and strong gas fumes, indicating the cause of his death.**

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

CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. **Body was found in the fan room of the Hawthorne School, University City, by William Hargrove, a painter, and there was a gasoline engine lawn mower with a very hot motor in this room with doors closed, and strong gas fumes, indicating the cause of his death.**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **Body moved by Univ. City Police Amb. to County Hosp. for examination.**

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **Suicide** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **Building** 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **University City St. Louis Mo.**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **July 7, 1954 10:36 a.m.** 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **Self-ingested carbon monoxide poisoning.**

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 **Emald J. Willmann** (Degree or title) **Coroner** 23b. ADDRESS **Clayton, Mo.** 23c. DATE SIGNED **7-14-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **7/10/54** 24c. NAME OF CEMETERY OR CREMATORY **Memorial Park Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis Co. Mo.**

DATE REC'D BY LOCAL REG. **7/19/54** REGISTRAR'S SIGNATURE **Herbert R. Lamb** FUNERAL DIRECTOR'S SIGNATURE **Drehmann-Harral** ADDRESS **1905 Union Blvd.**

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

✓ 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 *Warren A. Carver*

Licensed Embalmer No. *353*

P. O. Address

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.