

STANDARD CERTIFICATE OF DEATH

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

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2071

1. PLACE OF DEATH
 a. COUNTY St. Louis
 b. CITY (If outside corporate limits, write RURAL and give town) Clayton MO
 c. LENGTH OF STAY (in this place) DOH
 d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Co. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE Missouri b. COUNTY St. Charles
 c. CITY OR TOWN St. Charles
 d. Is Residence within limits of a city or incorporated town? Yes No
 e. STREET ADDRESS (If rural, give location) 221 Randolph 0927

3. NAME OF DECEASED
 a. (First) ROLAND b. (Middle) _____ c. (Last) RESCH

4. DATE OF DEATH (Month) (Day) (Year)
August 26, 1954

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

8. DATE OF BIRTH Jan. 22, 1931 **9. AGE** (In years last birthday) 23 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) Laborer **10b. KIND OF BUSINESS OR INDUSTRY** State Highway Dept. **11. BIRTHPLACE** (City and State or Foreign Country) Weldon Spring, Mo. **12. CITIZEN OF WHAT COUNTRY?** U.S. A.

13a. FATHER'S NAME Leo Resch **13b. MOTHER'S MAIDEN NAME** Dena Schnoor **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) Korea **16. SOCIAL SECURITY NO.** 498-32-2680 **17. INFORMANT'S SIGNATURE OR NAME** Mrs. Leo Resch **ADDRESS** St. Charles, Mo.

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) Internal injury within the chest
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) and subsequent pulmonary hemorrhage
 DUE TO (c) when crushed by road roller while

II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.
at work for Highway Dept.

18b. MAJOR FINDINGS OF OPERATION E8230
32.

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** _____ **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) (COUNTY) (STATE)** Rural 400 St. Louis Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) Aug. 26, 1954 9:50 a.m. **21e. INJURY OCCURRED** WHILE AT WORK NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?** LOST CONTROL OF ROAD ROLLER & WENT DOWN AN EMBANKMENT

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 (Degree or title) Ernest J. Willmann, Coroner **23b. ADDRESS** Clayton, Mo. **23c. DATE SIGNED** 8/30/54

24a. BURIAL, CREMATION REMOVAL Removal **24b. DATE** Aug. 29, 1954 **24c. NAME OF CEMETERY OR CREMATORY** St. John's Cem. **24d. LOCATION** (City, town, or county) (State) St. Charles, Missouri

DATE REC'D BY LOCAL REG. 8/28/54 **REGISTRAR'S SIGNATURE** Hebert K. Tomkey **25. FUNERAL DIRECTOR'S SIGNATURE** William C. Baus **ADDRESS** St. Charles, Mo.

1954 OCT 6 9 100

SEP 16 1954

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 *Clarence M. Billo*

Licensed Embalmer No. *4375*

P. O. Address *St. Charles*

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.