Health, & Welfare Public Service

S. 300
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FILED APR 12 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9855
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2284

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY St. Clair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN Shiloh Valley Twp. 8120 8 — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 38 MacArthur Bridge — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 32 Scott Air Force Base — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First: RALPH	Middle: (NMN)	Last: AROVOLA, JR.
4. DATE OF DEATH	Month: Mar.	Day: 4	Year: 1957
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: Feb. 3, 1936
9. AGE (In years last birthday): 21	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): Instructor	10b. KIND OF BUSINESS OR INDUSTRY: U. S. Air Force	11. BIRTHPLACE (City and state or country): Sunny Vale, Cal. 1	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Ralph Arovola, Sr.		14. MOTHER'S MAIDEN NAME: Emma (unknown)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) yes — (If yes, give war or dates of service) In service at time of death	16. SOCIAL SECURITY NO.: not known	17. INFORMANT: Jo E. Unger, W.O., Scott Air Force Base, Address	

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Suffocation, due to drowning — INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): When found in Mississippi River at the foot of Davis Street on the 4th day of March 1957. Cause and manner of same could not be determined

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐ 1

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ Pend Verdict

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

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20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE 42

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 1057A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Joseph M. Lucas Deputy Coroner 3

22b. ADDRESS: 1200 Clark

22c. DATE SIGNED: 3/7/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: 3-8-1957	23c. NAME OF CEMETERY OR CREMATORY: Golden Gate National Cem.	23d. LOCATION (City, town, or county) (State): San Bruno, Cal.
24. FUNERAL DIRECTOR: P. W. Schildknecht, O'Fallon, Illinois	ADDRESS	25. DATE RECD. BY LOCAL REG.: MAR 7 '57	26. REGISTRAR'S SIGNATURE: J. Earl Smith, M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

not embalmed

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed P. W. Schildknecht
Ill.

Licensed Embalmer No. 85

P. O. Address O'Fallon, Il

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.