.S. No. 300
EV. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 58-034889

BIRTH NO. FILED OCT 6 1958 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2478

3

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

1. PLACE OF DEATH
a. COUNTY: ST LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CLAYTON .. 15
c. LENGTH OF STAY (In this place): DOA
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): COUNTY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Charles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, West Alton 0920
d. STREET ADDRESS (If rural, give location): R.R.#1, West Alton

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Roy
c. (Last): Davis

4. DATE OF DEATH (Month) (Day) (Year): Sept. 26, 1958

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 21, 1900
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months 4, Days 5 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Boiler Operator
10b. KIND OF BUSINESS OR INDUSTRY: McDonald Aircraft
11. BIRTHPLACE (City and State or Foreign Country): Springfield, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Matt Davis
13b. MOTHER'S MAIDEN NAME: Mary E. Owens
14. NAME OF HUSBAND OR WIFE: Fredericka A. Schrader

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW#1
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Margaret B. Orf — ADDRESS: Portage Des Sioux, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Multiple severe trauma.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? 2 YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Open Verdict
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 St. Louis Mo. 400

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9/25/58 10:55 p.m. CST
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Operator of car involved in collision with another car

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): Raymond L. Harris Coroner 3
23b. ADDRESS: 651 So. Brentwood, Clayton, Mo
23c. DATE SIGNED: 9/30/58

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 9/29/1958
24c. NAME OF CEMETERY OR CREMATORY: Ebenezer Cemetery
24d. LOCATION (City, town, or county) (State): West Alton, Missouri

DATE REC'D BY LOCAL REG.: 9-26-58
REGISTRAR'S SIGNATURE: Herbert R. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Thomas J. Burke Jr. — ADDRESS: Alton, Ill

(Licensed Embalmer's Statement on Reverse Side)

OCT 20 1958

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 Thomas J. Burke Jr

Licensed Embalmer No. 4968

P. O. Address 727 Langdon, Alton, Il

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.