

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-022557  
STATE FILE NUMBER

FILED JUL 9 1959 Registration District No. 305 Primary Registration District No. 6047 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>6 miles S.W. of Wentzville</b> Inside Limits <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Overland</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Point Prairie &amp; Jackson Rd.</b> Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <b>9550 Edmund Dr.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>Carl Jerome Higgs, Jr.</b> First Middle Last		4. DATE OF DEATH <b>June 28, 1959</b> Month Day Year	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 23, 1941</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Composer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Office supplies</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis, Missouri</b>
13a. FATHER'S NAME <b>Carl J. Higgs, Sr.</b>		13b. MOTHER'S MAIDEN NAME <b>Regina O'Daniel</b>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>493-44-6619</b>	17. INFORMANT Address <b>Carl J. Higgs, Sr. 9550 Edmund Dr.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Internal injuries</b> DUE TO (b) <b>Car runing over body.</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Fell from car No 1 and car NO 3 ran over body</b>	
20c. TIME OF INJURY Hour a.m. <b>6-28-59</b> Month, Day, Year p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>On County Road</b>		20f. CITY, TOWN, OR LOCATION <b>Near Wentzville</b> COUNTY <b>St. Charles</b> STATE <b>Mo</b>	
21. I attended the deceased from <b>I held inquest July 2-59</b> and last saw her alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Marie Muschany</b>		22b. ADDRESS <b>Wentzville Mo</b>	
22c. DATE SIGNED <b>7-3-59</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>7-1-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Laurel Hill Memorial</b>	23d. LOCATION (City, town, or county) (State) <b>Normandy, Missouri</b>
24. FUNERAL DIRECTOR <b>Baumann Bros. Inc. 2504</b>		ADDRESS <b>Woodson Rd</b>	DATE RECD. BY LOCAL REG. <b>July 5 1959</b>
26. REGISTRAR'S SIGNATURE <b>Walter F. Puff</b>			

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JUL 9 1908

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 *Gustav W. Schuler* .....

Licensed Embalmer No. *4329*  
P. O. Address *St. Louis, Mo.*

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.