URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-034638

STATE FILE NUMBER

FILED VS SEP 28 1959

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 2469

AMENDED

1. PLACE OF DEATH
a. COUNTY: St Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kirkwood, Mo.
Length of stay in 1b: DOA
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Joseph Hospital
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO. b. COUNTY: JEFF.
c. CITY OR TOWN: FESTUS
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): R#1
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First RUSSELL Middle A Last OLIVER
4. DATE OF DEATH: Month Day Year 9-11-59
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3-11-28
9. AGE (last birthday): 31
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): WELDER
10b. KIND OF BUSINESS OR INDUSTRY: CHROME CRAFT CO
11. BIRTHPLACE (City and state or country): RICHMOND HTS. MO
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: ALFRED A. OLIVER SR.
13b. MOTHER'S MAIDEN NAME: ROSE ALBRECHT
14. NAME OF HUSBAND OR WIFE: ESTHER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) KOREAN WAR
16. SOCIAL SECURITY NO.:
17. INFORMANT: MRS R. OLIVER R#1 FESTUS, MO. 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): Multiple internal injuries caused by sudden physical trauma during an auto accident
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Operator of car involved in collision with another motor vehicle
20c. TIME OF INJURY: Hour 2:50 ~~a.m.~~ p.m. Month, Day, Year 9/11/59
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.): highway
20f. CITY, TOWN, OR LOCATION: COUNTY: Jefferson STATE: Missouri

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 2;50P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Raymond Kaba (Degree or title) Coroner
22b. ADDRESS: Clayton, Mo.
22c. DATE SIGNED: 9/18/59

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 9-15-59
23c. NAME OF CEMETERY OR CREMATORY: ROSELAWN MEMORIAL
23d. LOCATION (City, town, or county) (State): CRYSTAL CITY, MO.

24. FUNERAL DIRECTOR: GENTRY R. POLITTE ADDRESS: CRYSTAL CITY, MO.
25. DATE RECD. BY LOCAL REG.: 9-14-59
26. REGISTRAR'S SIGNATURE: John B. Mangelly M.D.

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

SEP 28 1959

MAR 28 1960

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Dudley R. Polit

Licensed Embalmer No. 3481

P. O. Address Crystal C

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