

**FEDERAL BUREAU OF INVESTIGATION - U.S. DEPARTMENT OF JUSTICE**

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-003002**

INDEXED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No. _____		Primary Registration District No. _____		Registrar's No. <u>3</u>		STATE FILE NUMBER	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Saint Charles</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Saint Charles</u>		a. STATE <u>Missouri</u> b. COUNTY _____		c. CITY OR TOWN <u>5460 Pernod</u>	
Length of stay in 1b <u>2 hrs.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Saint Louis</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Saint Joseph's Hosp.</u>				d. STREET ADDRESS (If outside, give location) <u>Saint Louis</u>			
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			Month Day Year	
First <u>James</u> Middle <u>Arthur</u> Last <u>Mode</u>			Jan. <u>3</u> , 1960				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 6, 1940</u>	9. AGE (last birthday) <u>19</u>	IF UNDER 1 YEAR		IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Central College</u>		11. BIRTHPLACE (City and state or country) <u>Saint Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Arthur Henry Mode</u>			13b. MOTHER'S MAIDEN NAME <u>Vara Schure</u>			14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>486-44-6527</u>		17. INFORMANT <u>A.H. Mode, Saint Louis, Mo.</u> Address _____			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Injuries sustained in automobile accident - two cars involved.</u>							
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)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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.) <u>Car was struck from rear by another car</u>					
20c. TIME OF INJURY <u>1:20 p.m.</u>		Month, Day, Year <u>1-3-60</u>					
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.) <u>1.8 mi. W. fr. R. K. on U.S. 40</u>		20f. CITY, TOWN, OR LOCATION <u>St. Chas. Co. Mo.</u>		COUNTY STATE	
21. I attended the <del>deceased's</del> <u>deceased's</u> <u>held inquest</u> to <u>on 1/7/60</u> and last saw her <u>him</u> alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Marie Marchand Crowner</u>				22b. ADDRESS <u>Wentzville Mo</u>		22c. DATE SIGNED <u>Jan 7, 1960</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>Jan. 3, 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Washington U. Anatomical Board</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>H.C. Dallmeyer &amp; Sons, Saint Charles, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>Jan. 3-60</u>		26. REGISTRAR'S SIGNATURE <u>Marcella Wilson</u>	

Note: Body not embalmed

JAN 20

Frank R. Anderson

STATEMENT BY LICENSED EMBALMER

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

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.