

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

Primary Registration District No.

1003

Registrar's No.

8419

-61-033985

STATE FILE NUMBER

AMENDED

Registration District No. **FILED SEP 21 1961**

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>   |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> COUNTY <b>St. Charles</b> |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis</b>   |  | Length of stay in 1b  | c. CITY OR TOWN <b>St. Charles</b>  |  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>D.O.A. City Morgue</b>  |  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><b>840 St. Charles St.</b>   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>Leonard</b> Middle Last <b>Ainley</b>  |  |   | 4. DATE OF DEATH<br>Month <b>September</b> Day <b>11</b> Year <b>1961</b>   |  |  |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b>   | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |   | 8. DATE OF BIRTH<br><b>3/16/1944</b>   | 9. AGE (last birthday)<br><b>17</b>  |
| IF UNDER 1 YEAR<br>Months   | IF UNDER 24 HR<br>Days   | IF UNDER 1 YEAR<br>Hours  | IF UNDER 24 HR<br>Min.  |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Soldier</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>U.S. Army</b>   | 11. BIRTHPLACE (City and state or country)<br><b>Poplar Bluff, Mo</b>   |  | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>                               |
| 13a. FATHER'S NAME<br><b>Paul Ainley</b>  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Orean Dunlap</b>  |   | 13c. NAME OF HUSBAND OR WIFE<br><b>None</b>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>Yes Present Time</b>  |  |   | 17. INFORMANT Address<br><b>Mrs. Orean Campbell, St. Charles, Mo</b>  |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Compond fractured skull; subdural hemorrhage; ruptured ribs with hemorrhage in the right pleural cavity; suffered when car operated by deceased apparently struck about front of underpass at Market-train Highway + Goodfellow on 9-11-61 about 1:25 AM</b> |  |   |   |  | INTERVAL BETWEEN ONSET AND DEATH   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  |  |   | DUE TO (b) <b>As discussed apparently struck about front of underpass at Market-train Highway + Goodfellow on 9-11-61 about 1:25 AM</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)<br><b>Accident 819.4/31</b>   |  |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input 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.)<br><b>above.</b>   |   |  |  |
| 20c. TIME OF INJURY<br>Hour <b>1:25</b> a.m. Month, Day, Year <b>9-11-61</b>  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>               | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><b>07 Street</b>  | 20f. CITY, TOWN, OR LOCATION<br><b>St. Louis</b>  | COUNTY   | STATE<br><b>MO.</b>  |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____<br>Death occurred at <b>1:50 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.  |  |   |   |  |  |
| 22a. SIGNATURE (Degree or title)<br><b>Joseph D. [Signature]</b>  |  |   | 22b. ADDRESS<br><b>1300 Clark</b>   |  | 22c. DATE SIGNED<br><b>9-11-61</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>removal</b>   | 23b. DATE<br><b>9-14-1961</b>  | 23c. NAME OF CEMETERY OR CREMATORY  |   | 23d. LOCATION (City, town, or county)<br><b>Harvel Missouri</b>  | (State)  |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>Arthur C. Baue, St. Charles, Mo.</b>   |  |   | 25. DATE RECD. BY REG.<br><b>SEP 11 1961</b>  | 26. REGISTRAR'S SIGNATURE<br><b>Harold Smith, M.D.</b>   |  |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

AFFIDAVIT OF

**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 John C. Laid

Licensed Embalmer No. 5145

P. O. Address St. Charles, 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.