

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-011787

STATE FILE NUMBER

Registration District No. 179 Primary Registration District No. 5673 Registrar's No. 40

FILED APR 2 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 0570

2 8239

3 1

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

|                                                                                                                                                                                                                                                                                                                                      |                                                                                                                      |                                                                                                                                                             |                                                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Lincoln</b>                                                                                                                                                                                                                                                                                        |                                                                                                                      | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>ST. LOUIS</b>                |                                                                                                                                                                      |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>Monroe Twp. Troy</b>                                                                                                                                                                                                                                                 |                                                                                                                      | Length of stay in 1b<br><b>2 hrs.</b>                                                                                                                       | c. CITY OR TOWN <b>St. Louis</b>                                                                                                                                     |
| c. FULL NAME OF (if NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Levee on Mississippi</b>                                                                                                                                                                                                                           |                                                                                                                      | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                   | d. STREET ADDRESS (If outside, give location)<br><b>2640 Russell Avenue</b>                                                                                          |
| 3. NAME OF DECEASED (Type or print)<br>First <b>EVERETT</b> Middle <b>H.</b> Last <b>ALSBACK</b>                                                                                                                                                                                                                                     |                                                                                                                      | 4. DATE OF DEATH<br>Month <b>March</b> Day <b>25</b> Year <b>1962</b>                                                                                       |                                                                                                                                                                      |
| 5. SEX <b>Male</b>                                                                                                                                                                                                                                                                                                                   | 6. COLOR OR RACE <b>White</b>                                                                                        | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> | 8. DATE OF BIRTH <b>Apr. 16, 1907</b>                                                                                                                                |
| 9. AGE (last birthday) <b>54</b>                                                                                                                                                                                                                                                                                                     |                                                                                                                      | IF UNDER 1 YEAR<br>Months _____ Days _____                                                                                                                  | IF UNDER 24 HR<br>Hours _____ Min. _____                                                                                                                             |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Mechanic</b>                                                                                                                                                                                                                       |                                                                                                                      | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Self-Employed</b>                                                                                                   | 11. BIRTHPLACE (City and state or country)<br><b>Farmington, Missouri</b>                                                                                            |
| 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>                                                                                                                                                                                                                                                                                         |                                                                                                                      | 13a. FATHER'S NAME <b>Joseph Alsbach</b>                                                                                                                    |                                                                                                                                                                      |
| 13b. MOTHER'S MAIDEN NAME <b>Bertha Davis</b>                                                                                                                                                                                                                                                                                        |                                                                                                                      | 14. NAME OF HUSBAND OR WIFE <b>Lela Alsbach</b>                                                                                                             |                                                                                                                                                                      |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>                                                                                                                                                                                                                |                                                                                                                      | 16. SOCIAL SECURITY NO. <b>Not Available</b>                                                                                                                |                                                                                                                                                                      |
| 17. INFORMANT <b>Carlyle F. Alsbach, Rt. 1, Cedar Hill, Mo.</b>                                                                                                                                                                                                                                                                      |                                                                                                                      | Address                                                                                                                                                     |                                                                                                                                                                      |
| 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>Broken Neck &amp; Chrushed Chest</b><br>DUE TO (b) <b>Automobile Traumatism</b><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |                                                                                                                      |                                                                                                                                                             | INTERVAL BETWEEN ONSET AND DEATH<br><b>Inst.</b>                                                                                                                     |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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.)<br><b>Subject was lying on top of levee and was</b>            |                                                                                                                                                                      |
| 20c. TIME OF INJURY<br><b>12:15 a.m.</b>                                                                                                                                                                                                                                                                                             | Month, Day, Year<br><b>3/25/62</b>                                                                                   | ran over by a car in the dark. Road was a private road on levee, for access to repair. Not a public road                                                    |                                                                                                                                                                      |
| 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.)<br><b>Levee bank</b>        | 20f. CITY, TOWN, OR LOCATION<br><b>Monroe Twp, Lincoln Co, Missouri/</b>                                                                                    | COUNTY STATE                                                                                                                                                         |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____<br>Death occurred at <b>12:35 AM</b> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.                                                                                                                     |                                                                                                                      |                                                                                                                                                             |                                                                                                                                                                      |
| 22a. SIGNATURE<br><i>Joseph D. Marsh Sr.</i> (Degree or title)<br><b>Coroner</b>                                                                                                                                                                                                                                                     |                                                                                                                      | 22b. ADDRESS<br><b>Troy, Missouri</b>                                                                                                                       | 22c. DATE SIGNED<br><b>3/26/62</b>                                                                                                                                   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>                                                                                                                                                                                                                                                                          | 23b. DATE<br><b>Mar. 28, 1962</b>                                                                                    | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Mt. Hope Cemetery</b>                                                                                              | 23d. LOCATION (City, town, or county) (State)<br><b>Lemay, Missouri</b>                                                                                              |
| 24. FUNERAL DIRECTOR<br><b>Kriegshauser South, 4228 S. Kingshighway</b>                                                                                                                                                                                                                                                              |                                                                                                                      | 25. DATE RECD. BY LOCAL REG.<br><b>3-26-1962</b>                                                                                                            | 26. REGISTRAR'S SIGNATURE<br><i>Charlotte Leek</i>                                                                                                                   |

APR 3 1962

APR 17 1962

APR 19 1962

**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 RW. Storsand

Licensed Embalmer No. 4007

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.