

No. 300  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

28447  
State File No. 2057  
Registrar's No. 2057

FILED SEP 7 1948  
Registration District No. 377

Primary Registration District No. 6076

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Fenton, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6128 Marwinette  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Loretta Arnold  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month August day 29th  
year 1948 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced, Divorced  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

7. Birth date of deceased October 4, 1910  
(Month) (Day) (Year)  
8. AGE: Years Months Days If less than one day  
37 11 25 hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death compound fractures of face & skull; passenger in plane which collided with another plane & ~~it~~ crashed into Meramec River.  
Duration \_\_\_\_\_

9. Birthplace Missouri  
(City, town, or county) (State or foreign country)

Due to 17 3 18  
Other conditions (Include pregnancy within 3 months of death) 34

10. Usual occupation None

11. Industry or business \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy As above  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

MOTHER FATHER {  
12. Name John Lowry  
13. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Charlotte Scharlott  
15. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ruth Leslie  
(b) Address 6128 Marwinette  
17. (a) Burial (b) Date thereof 9/2/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Sunset Burial Park

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident  
(b) Date of occurrence August 29, 1948  
(c) Where did injury occur? Fenton, Mo. (City or town) (County) (State) 716  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Plane which crashed & fell in Meramec River.  
While at work? \_\_\_\_\_ (e) Means of injury Blunt impact

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address 6322 S. Grand Blvd.  
19. (a) 8-31-48 (b) Carrie J. [Signature]  
(Date received local registrar) (Registrar's signature)

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**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed J. W. Binkley  
Licensed Embalmer No. 3653  
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 this body is not embalmed, fact should be so stated above.**