.S. No. 300
Rev. 10-48

FILED MAY 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14505

State File No. .....

95

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 6078 Registrar's No. 24

1. PLACE OF DEATH
a. COUNTY: STE. GENEVIEVE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL JACKSON T.S.
c. LENGTH OF STAY (in this place): ✓
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NONE

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: MISSOURI ~~DE SOTO MO~~
b. COUNTY: Jefferson ~~ST FRANCIOS~~ CO
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL - De Soto
d. STREET ADDRESS (If rural, give location): RR#3

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM W. FRANK
b. (Middle):
c. (Last): DOUGLAS

4. DATE OF DEATH (Month) (Day) (Year): MAY 1 1949

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: JULY 13 1892
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10b. KIND OF BUSINESS OR INDUSTRY: UNION ELECTRIC CO
11. BIRTHPLACE (State or foreign country): JEFFERSON CO MO
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: FRANK DOUGLAS
13b. MOTHER'S MAIDEN NAME: MARY E HOLDMAN
14. NAME OF HUSBAND OR WIFE: SUSIE DECLUE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 489-28-4487
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: James W Douglas De Soto Mo RR#3

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): FRACTURED SKULL
ANTECEDENT CAUSES: ACCIDENTAL DEATH
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): COLLISION OF TWO AUTOMOBILES (VERDICT OF JURY)
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: SUDDEN DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ACCIDENT
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): STATE HIGHWAY E
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): JACKSON T.S. - STE. GENEVIEVE - MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): MAY 1 1949 11:30 A.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: COLLISION OF TWO AUTOMOBILES 95

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leo C. Basler Coroner 3
23b. ADDRESS: Ste. Genevieve Mo
23c. DATE SIGNED: 5/2/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 5/4/49
24c. NAME OF CEMETERY OR CREMATORY: City Cemetery ~~PRIMROSE CEMETERY~~
24d. LOCATION (City, town, or county) (State): De Soto ~~ST FRANCIOS CO~~ MO

DATE REC'D BY LOCAL REG.: May 5-1949
REGISTRAR'S SIGNATURE: L. D. Karl per Teresa M. Karl Bcl
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Donnel B. Dietrich De Soto Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

CEIVED

District Health Officer No. 4

District File Number 549-590

Date Filed 5-7-49

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.

Signed Clarence J. Claywell

Licensed Embalmer No. 3706

P. O. Address Bonne Terre Mo

Signed .....
Student Embalmer

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.