

STANDARD CERTIFICATE OF DEATH

State File No. 29136

FILED SEP 8 - 1952

REG. DIST. NO. 305 PRIMARY REG. DIST. NO. 6042 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY St. Charles 0920		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. CHARLES	
b. CITY (If outside corporate limits, write RURAL and give township) OR Rural-Cuivre		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. CHARLES 0723	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 701 SOUTH MAIN	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2 miles East of Highway 40			

3. NAME OF DECEASED (Type or Print) WILLIAM JOSEPH EAST			4. DATE OF DEATH SEPT. 1 1952		
a. (First)		b. (Middle)	c. (Last)		Date (Month) (Day) (Year)

5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH MAY 5-1930		9. AGE (In years last birthday) 22		10. IF UNDER 1 YEAR Months 5 Days 26		11. IF UNDER 24 HRS. Hours Mins.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER		10b. KIND OF BUSINESS OR INDUSTRY MAINTENANCE		11. BIRTHPLACE (State or foreign country) STEUBEN, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.	
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13a. FATHER'S NAME JOSEPH EAST		13b. MOTHER'S MAIDEN NAME MARGUERETT HILL		14. NAME OF HUSBAND OR WIFE EVELYN SCHAEFFRIN	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY 490-28-941		17. INFORMANT'S SIGNATURE OR NAME ADDRESS EVELYN EAST, ST. CHARLES, MO.	
(If yes, give war or dates of service)					

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Multiple injuries from				Instantly	
		ANTECEDENT CAUSES					
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Automobile accident					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS E8161					
		Conditions contributing to the death but not related to the disease or condition causing death. 26					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 092		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 40		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Cuivre St. Charles, Mo.	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 1 1952		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Car hit back end of Milk truck.	
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22. I hereby certify that I held an inquest on Sept 2, 1952, 19, that I last saw the deceased alive on 19, and that death occurred at 10:00 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Louis M. ...		23b. ADDRESS Wentzville Mo		23c. DATE SIGNED 8-2-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE SEPT 4 1952		24c. NAME OF CEMETERY OR CREMATORY OAK GROVE CEMETERY		24d. LOCATION (City, town, or county) (State) ST. CHARLES, MO.	
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DATE REC'D BY LOCAL REG. Sept 4 1952		REGISTRAR'S SIGNATURE Mark ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H.C. DALLMEYER & SONS - ST. CHARLES, MO.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 8 1952

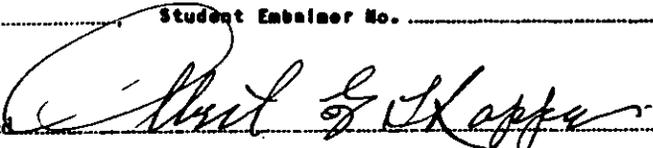
STATEMENT BY LICENSED EMBALMER

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
Student Embalmer

Signed  _____

Licensed Embalmer No. 2971

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 this body is not embalmed, fact should be so stated above.