

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37105

State File No. _____

1002
3
OCT 29 1952

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>2595</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>CLAYTON</u>		c. LENGTH OF STAY (In this place) <u>D.O.A.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Bonhomme Twnshp.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>4000 Manchester & Barretts Sta. Rds.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>Lawrence</u> c. (Last) <u>Wapelhorst</u>			4. DATE OF DEATH Oct. <u>7</u> , 19 <u>52</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>July 2, 1943</u>	9. AGE (In years last birthday) <u>9</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 6 MOS. Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>In School</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Richmond Heights, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Ernest Wapelhorst</u>		13b. MOTHER'S MAIDEN NAME <u>Doris Jones</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ernest Wapelhorst, Valley Park, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION R # <u>1</u> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushing injury of pelvis, femur, shock and hemorrhage- suffered</u> DUE TO (b) <u>when he was struck by an automobile while riding a bicycle</u> DUE TO (c) <u>on Highway 50, 2 mi. east of Highway 141.</u> II. OTHER SIGNIFICANT CONDITIONS <u>Highway 141.</u> <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>400 E8134</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>29</u> (COUNTY) <u>St. Louis</u> (STATE) <u>Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10/7/52 6:10P</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Blunt impact</u>			
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 <u>Arnold J. Willman</u> (Degree or title) <u>Coroner</u>				23b. ADDRESS <u>Clayton, Mo.</u>		23c. DATE SIGNED <u>10/9/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/10/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Manchester, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>10-8-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dombke MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Schrader Funeral Home, Ballwin, Mo.</u>			

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

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

Richard Bopp

Licensed Embalmer No. 4584

P. O. Address Ballwin, 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.