

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20108

State File No.

FILED MAY 28 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1354

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Francis	
b. CITY OR TOWN Clayton		c. CITY OR TOWN Flat River	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) D.O.A.		e. STREET ADDRESS (If rural, give location) Rural Route	
d. FULL NAME OF HOSPITAL OR INSTITUTION DOA County Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle)	c. (Last) Bader	4. DATE OF DEATH (Month) (Day) (Year) 5-12-53
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH 10-26-1930	9. AGE (in years last birthday) 22	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer	10b. KIND OF BUSINESS OR INDUSTRY general	11. BIRTHPLACE (City and State or Foreign Country) Flat River, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME August Bader	13b. MOTHER'S MAIDEN NAME Pearl Politte	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes	16. SOCIAL SECURITY NO. WW#2	17. INFORMANT'S SIGNATURE OR NAME Helen Brown, Flat River, Mo.	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral concussion and multiple internal injuries - suffered while a passenger in a car that was being operated south on Highway 61 and at Baumgartner Rd. collided north on Highway 61. The car in		
	II. OTHER SIGNIFICANT CONDITIONS With another car being operated north on Highway 61. The car in Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION which deceased was riding was making a left hand turn into Baumgartner Rd.	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., home, farm, factory, street, office bldg., etc.) Highway	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Rural 400 St. Louis Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) 5/12/53	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Blunt impact
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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. **26**

22. SIGNATURE Ernest J. Willmann (Degree or title) Coroner	23b. ADDRESS Clayton, Mo.	23c. DATE SIGNED 5/19/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 5-14-53	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Flat River, Mo.
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DATE REC'D BY LOCAL REG. 5-14-53	REGISTRAR'S SIGNATURE Harriet R. Donohue-MD	25. FUNERAL DIRECTOR'S SIGNATURE Caldwell F.H., Flat River, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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SEP 29 1953

MAY 24 1950

JUN 7 1957

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.....
J. Allen Davis

Licensed Embalmer No. *405*

P. O. Address *St. L.*

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.