

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9848
State File No. 2810

BIRTH NO. FILED APR 2 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2810

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2237	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute City Hosp.		d. STREET ADDRESS (If rural, give location) 23 1917 Menard St.	

3. NAME OF DECEASED (Type or Print) a. (First) Clarence b. (Middle) E c. (Last) Adelsberger	4. DATE OF DEATH (Month) (Day) (Year) 3---28---'54
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5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8---8---'16	9. AGE (In years) (If under 1 year, give birthday) (If under 1 year, give Months) (If under 1 year, give Days) (If under 1 year, give Hours) (If under 1 year, give Min.) 37
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Beer Bottler	10b. KIND OF BUSINESS OR INDUSTRY Busch Brewery	11. BIRTHPLACE (State or foreign country) St. Louis Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME John Adelsberger	13b. MOTHER'S MAIDEN NAME Matilda Satorius	14. NAME OF HUSBAND OR WIFE Dorothy Adelsberger
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give no. or dates of service) Yes W.W.#2	16. SOCIAL SECURITY NO. NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dorothy Adelsberger-1917 Menard St.
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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, asthma, 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* Fracture Dislocation of 2nd and 3rd cervical vertebra with cord injury suffered when car operated by deceased struck by city pylon at Grand and Illinois Streets, about March 28, 1954	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	5:10am
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR DISEASES OF OPERATION Accident	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) Accident	21b. PLACE OF INJURY (e.g. in or about home, farm, city street, on a bridge, etc.) Street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar. 28 54 5:10	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? E819.4
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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 **530 A** m., from the causes and on the date stated above. **31**

22a. SIGNATURE Gabriel C. Taylor, Coroner	(Degree or title)	22b. ADDRESS 1300 Oak	22c. DATE SIGNED 3 29 54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3--31--54	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.
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DATE REC'D BY LOCAL REG. MAR 29 1954	REGISTRAR'S SIGNATURE J. Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Moydell Funeral Home 1926 Allen Ave.
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Reinhold K. Lohmann*

Licensed Embalmer No. *3395*

P. O. Address *St. Louis 4, 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.