

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 1 - 1956

25354

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1660

Health,  
Welfare  
Public  
Service

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St Louis</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>St Francois</u>              |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clayton</u>  |   | c. CITY OR TOWN <u>Farmington</u>   |  |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Co. Hosp.</u>  |   | d. STREET ADDRESS <u>Ste Genevieve Ave</u>  |  |
| 3. NAME OF DECEASED (Type or print) <u>Frederick J Auchter</u>  |   | 4. DATE OF DEATH <u>July 6 1956</u>   |  |
| 5. SEX <u>Male</u>  | 6. COLOR OR RACE <u>White</u>   | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Dec 4, 1916</u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Airport Operator</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY <u>Pilot Instructor</u>   | 11. BIRTHPLACE (City and state or country) <u>Philadelphia, Pa.</u>                            |
| 13. FATHER'S NAME <u>Frederick J. Auchter</u>   |   | 14. MOTHER'S MAIDEN NAME <u>Bella Mae Hunter</u>  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>  |   | 16. SOCIAL SECURITY NO. <u>163-07-8809</u>  | 17. INFORMANT <u>Mrs Dorothea Auchter, Farmington, Mo.</u>                                     |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE-(a) <u>due to multiple internal injuries as a direct result of accident trauma</u> |   |   | INTERVAL BETWEEN ONSET AND DEATH   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____  |   |   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n)   |   |   | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Plane crash near Meramec Airport 39</u> |   |  |
| 20c. TIME OF INJURY <u>1:07 PM 7/6/56</u>   |   |   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>   | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>farm</u>                                   | 20f. CITY, TOWN, OR LOCATION <u>Rural</u>   | COUNTY <u>St. Louis</u> STATE <u>Mo.</u>   |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____<br>Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.               |   |   |  |
| 22a. SIGNATURE <u>Arnold J. Willmann</u> (Degree or title) <u>3</u>   |   | 22b. ADDRESS <u>Clayton, Missouri</u>   | 22c. DATE SIGNED <u>7/10/56</u>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>  | 23b. DATE <u>7-10-56</u>  | 23c. NAME OF CEMETERY OR CREMATORY <u>Local</u>   | 23d. LOCATION (City, town, or county) (State) <u>Farmington, Mo.</u>                           |
| 24. FUNERAL DIRECTOR <u>Muller Funeral Home - Farmington Mo</u> ADDRESS _____   |   | 25. DATE RECD. BY LOCAL REG. <u>7-9-56</u>  | 26. REGISTRAR'S SIGNATURE <u>Herbert A. Blomke MD</u>  |

(Licensed Embalmer's Statement on Reverse Side)

VS  
SEP 3 1959

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. ....

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.