

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-027638  
STATE FILE NUMBER

FILED JUL 28 1958 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1847

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, give TOWNSHIP only) Inside Limits OR TOWN <u>CLAYTON</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>OVERLAND 424X</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. FULL NAME OF (IF NOT in hospital, give location) Length of stay in lb HOSPITAL OR INSTITUTION <u>ST LOUIS CO Hosp. Tab</u> <u>100</u>		d. STREET ADDRESS (If outside, give location) Reside on Farm <u>9629 ECHO LANE</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>ROY GLENN ERBSCHLOE</u>		4. DATE OF DEATH Month Day Year <u>7-11-58</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>2-15-1921</u>
9. AGE (In years last birthday) <u>37</u>		10. KIND OF BUSINESS OR INDUSTRY <u>MCDONNELL AIRCRAFT CORP</u>	11. BIRTHPLACE (City and state or country) <u>unk. 9</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TIME CLERK</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>LEE ERBSCHLOE</u>		14. MOTHER'S MAIDEN NAME <u>ELIZABETH ANN PENHALL</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WWII</u>		16. SOCIAL SECURITY NO. <u>496-14-9977</u>	
17. INFORMANT <u>PHYLLIS R. ERBSCHLOE OVERLAND IN MD</u>		Address <u>9629 ECHO</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Moderately advanced post mortem auto-lysis compatible with drowning and a</u> <u>few days in the water</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>few days in the water</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>E929.8</u>			INTERVAL BETWEEN ONSET AND DEATH
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>Accidental drowning - while frog hunting</u>		
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year <u>2:10 PM 7/9/58</u>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Missouri River</u>		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <u>400 COUNTY St. Louis Mo.</u>	20g. STATE	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Raymond F. Harris</u> 3 Coroner		22b. ADDRESS <u>Clayton, Mo.</u>	
22c. DATE SIGNED <u>7/21/58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>7-14-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>LAUREL HILL</u>	23d. LOCATION (City, town, or county) (State) <u>PAGE DALL MISSOURI</u>
24. FUNERAL DIRECTOR ADDRESS <u>LARK HILLMAN 9709 LACKLAND RD</u>		25. DATE RECD. BY LOCAL REG. <u>7/12/58</u>	26. REGISTRAR'S SIGNATURE <u>Herbert R. Donke MD</u>

(Licensed Embalmer's Statement on Reverse Side)

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 causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

AUG 19 1958

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 not Embalmed, Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Emilia Shellen .....  
Licensed Embalmer No. 3501 .....

P. O. Address Oreland 14 .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.