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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 58-031219

FILED SEP 12 1958 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2259

1. PLACE OF DEATH
a. COUNTY: St Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Clayton — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St Louis Co. Hosp. — Length of stay in Hospital: DOA

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jefferson
c. CITY OR TOWN: Arnold 65 0 0 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Rt 1 Box 270 — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Esther Middle: Hazel Last: Rode
4. DATE OF DEATH: Month: Aug Day: 27th Year: 1958
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Aug 8th 1958
9. AGE (In years last birthday): 43 — IF UNDER 1 YEAR: Months 0 Days 19 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Cleaning Plant
11. BIRTHPLACE (City and state or country): St Louis Co Mo. 0
12. CITIZEN OF WHAT COUNTRY?: USA
13. FATHER'S NAME: Samual Drinnin
14. MOTHER'S MAIDEN NAME: Unkown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: 430-38-5340
17. INFORMANT: Mr Raymond Rode Address: Rt 3 Box 370 Imperial Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Multiple and severe traumatic injuries compatible with automobile accident
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.): Lost control of car she was operating which went off of road and down an embankment on U S Highway 61 just north of Meramec Bridge 40
20c. TIME OF INJURY: Hour 6:20 p. m. Month, Day, Year: 8/27/58
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): highway
20f. CITY, TOWN, OR LOCATION: Rural COUNTY: St. Louis STATE: Missouri

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Raymond Rode (Degree or title): Coroner
22b. ADDRESS: Clayton, Mo.
22c. DATE SIGNED: 9/3/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Aug 30 1958
23c. NAME OF CEMETERY OR CREMATORY: Mt Hope Cem.
23d. LOCATION (City, town, or county) (State): Lemay Mo.

24. FUNERAL DIRECTOR: Fey Funeral Home ADDRESS: Mehlville Mo.
25. DATE RECD. BY LOCAL REG.: 8-29-58
26. REGISTRAR'S SIGNATURE: Herbert R. Domke M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Florence M. Bill

Licensed Embalmer No. 437

P. O. Address St. Louis M

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.