

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-014662

FILED VS MAY 6 1960

STATE FILE NUMBER

Registration District No. 82 Primary Registration District No. 5329 Registrar's No. 11-1960

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1. PLACE OF DEATH a. COUNTY <u>Crawford</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) OR TOWN <u>Oakhill Township</u>		Length of stay in 1b <u>Everett</u>	c. CITY OR TOWN <u>Belle Plange</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ON Hwy 19 - approx 13 Mi. North of Cuba, Mo.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS <u>0754 Natural Bridge St. Louis 21, Mo.</u>

3. NAME OF DECEASED (Type or print) First <u>Everett</u> Middle <u>Leon</u> Last <u>Strothcamps</u>			4. DATE OF DEATH Month <u>April</u> Day <u>30</u> Year <u>1960</u>	
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-26-1940</u>	9. AGE (last birthday) <u>19</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>4</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Research Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wagner Rec. Corp.</u>	11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.B.</u>
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13a. FATHER'S NAME <u>Fred J. Strothcamps</u>		13b. MOTHER'S MAIDEN NAME <u>Revelle Homfeldt</u>		14. NAME OF HUSBAND OR WIFE <u></u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>490-44-0274</u>	17. INFORMANT <u>Fred J. Strothcamps, Cuba, Mo.</u>	Address <u></u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Accidental Death by Auto Collision</u> DUE TO (c) <u></u>		INTERVAL BETWEEN ONSET AND DEATH <u></u>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u></u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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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>Impact when auto hit tree caused steering wheel to crush chest</u>	
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20c. TIME OF INJURY Hour <u>4</u> m. <u></u> p.m. <u></u>	Month, Day, Year <u>4-30-1960</u>	<u></u>	
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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>Hwy 19, 12 mi. N. of Cuba</u>	20f. CITY, TOWN, OR LOCATION <u>Oakhill</u>	COUNTY <u>Crawford</u>	STATE <u>Mo.</u>
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21. I attended the deceased from 4:30 to 4:30 and last saw her/him alive on 4-30-1960
Death occurred at 4:30 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Frank A. Shanthier</u>	(Degree or title) <u></u>	22b. ADDRESS <u>Oakhill, Crawford Co. Mo.</u>	22c. DATE SIGNED <u>May 1-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5-3-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oakhill Cemetery</u>	23d. LOCATION (City, town, or county) <u>Crawford County, Missouri</u>
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24. FUNERAL DIRECTOR <u>Frank A. Shanthier, Cuba, Mo.</u>	ADDRESS <u></u>	25. DATE RECD. BY LOCAL REG. <u>May 1, 1960</u>	26. REGISTRAR'S SIGNATURE <u>Paul A. Shanthier</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

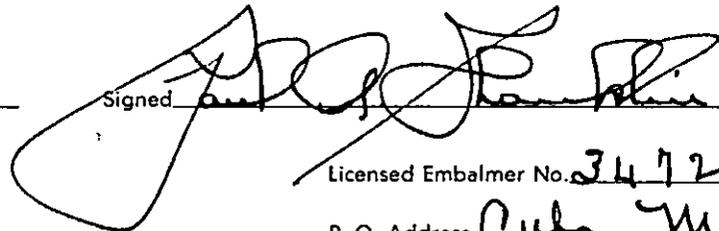
STATEMENT BY LICENSED EMBALMER

MAY 6 1961

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed



Licensed Embalmer No. 3472

P. O. Address Cuba, Mo

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