

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 11 1960

-60-023849

INDEXED

Registration District No. 209 Primary Registration District No. \_\_\_\_\_ Registrar's No. 42 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Marion</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>Liberty Township</u>		Length of stay in 1b		c. CITY OR TOWN <u>St. Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <u>6226 Pernod Ave.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>HUBERT</u> Middle <u>F.</u> Last <u>SMALL</u>				4. DATE OF DEATH Month <u>June</u> Day <u>30</u> Year <u>1960</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>9/12/1904</u>	9. AGE (last birthday) <u>55</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. MALE OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Insurance Adjuster</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. Insurers, Inc</u>		11. BIRTHPLACE (City and state or country) <u>Oconto, Wis.</u>		12. CITIZENSHIP OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Wm. A. Small</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Ellen Herald</u>			14. NAME OF HUSBAND OR WIFE <u>Estelle C. Small</u>		
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>556-34-9388</u>		17. INFORMANT <u>4228S. Kingshighway St. Louis MO.</u> <u>Kriegshauer Funeral Home</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>Laceration of brain</u> DUE TO (b) <u>Fractured Skull</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u> "	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Crushed chest, right side upper.</u>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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>Collision between his 2 door car and a</u>				
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. <u>12:05 p.m.</u>		Month, Day, Year _____ <u>loaded auto transport on bridge</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>Highway 61</u>		20f. CITY, TOWN, OR LOCATION <u>1 mile north of Palmyra</u>		COUNTY <u>Marion</u>		STATE <u>Mo</u>
21. I attended the deceased from _____ to _____ and last saw <sup>her</sup> / <sub>him</sub> alive on _____ Death occurred at <u>12:05 p</u> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>Henry Sweets Jr</u> (Degree or title) <u>M.D. Coroner</u>				22b. ADDRESS <u>1 Hannibal</u>			22c. DATE SIGNED <u>7/1/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>7/7/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. James Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Atkin Minn.</u>			
24. FUNERAL DIRECTOR <u>Kriegshauer Funeral Home</u> ADDRESS <u>4228 Kingshighway St. Louis Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>7-5-60</u>	26. REGISTRAR'S SIGNATURE <u>Dr. E. M. Lusk, by V. Gee, Deputy</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 26 1960

**STATEMENT BY LICENSED EMBALMER**

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 E. J. Sprague

Licensed Embalmer No. 3245

P. O. Address Palmyra 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.