S. No. 2
OM—2-43
5-17-39
I X35697

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 22 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Registration District No. 318 Primary Registration District No. 1003

State File No. 40454

Registrar's No. 10883

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jewish Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17 000

(c) City or town St. Louis 9 12
(If outside city or town limits, write "RURAL")

(d) Street No. 5592 Waterman
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Douglas W. Robert.

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race white 0

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Eliza C. Robert

6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased Sept. (Month) 20, (Day) 1866 (Year)

8. AGE: Years 77 Months 2 Days 17 If less than one day hr. min.

9. Birthplace Little Rock (City, town, or county) Arkansas (State or foreign country) /

10. Usual occupation Lawyer

11. Industry or business

FATHER
12. Name Rev.Dr.P.G.Robert. /
13. Birthplace unknown (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Elizabeth Scott. /
15. Birthplace Richmond, (City, town, or county) Virginia (State or foreign country)

16. (a) Informant Mrs. Eliza C.Robert.

(b) Address 5592 Waterman

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Dec.11/43 (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery.

18. (a) Signature of funeral director C.R.Lupton & Sons.

(b) Address 7233 Delmar Blvd.

19. (a) DEC 9 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec, day 7th
year 1943 hour 8 minute 50 P M.

21. I hereby certify that I attended the deceased from Dec. 1, 1943, 19, to Dec. 7, 1943, 19;
that I last saw him alive on Dec. 7, 1943, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lymphatic leukemia (acute)	1 wk
Due to	
Due to 74	
Other conditions Right upper lobar pneumonia (Include pregnancy within 3 months of death)	3 days

PHYSICIAN

Major findings:
Of operations
Of autopsy

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) N.D

Address 462 N. Taylor Ave. Date signed 12/9/43

(Licensed Embalmer's Statement on Reverse Side)

462 N. Taylor Ave
JR - 4711
Ins. 11 to 1 (except Wed.)

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, 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 this body is not embalmed, fact should be so stated above.