

U. S. No. 2
M-12-45
Rev. 5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26294
Registrar's No. 1535

FILED JUL 23 1947

Registration District No. _____

Primary Registration District No. 3069

1. PLACE OF DEATH:
(a) County ST. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ST. MARY'S HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 43 days
(Specify whether
In this community 43 days
years, months or days)

3. (a) PRINT FULL NAME TERRY Robb
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race wh
6. (a) Single, widowed, married, divorced minor
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 7 1947
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
43 hr. _____ min.

9. Birthplace ST. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER

12. Name GROVER Robb

13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Peggy Lew Riddle

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Peggy Lew R. Robb

(b) Address 6533 Etzel Avenue

17. (a) Burial (b) Date thereof July 21, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Shepard Funeral Home
(b) Address 1167 Hamilton Avenue.

19. (a) 7-22-47 (b) Shepard
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ST. LOUIS 96
(c) City or town University City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 6533 ETZEL 5
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20
year 1947 hour 1 minute 40 P.M.

21. I hereby certify that I attended the deceased from June 10
1947, to July 20, 1947;
that I last saw him alive on 20 July, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Hydrocephalus,
congenital

Duration
Life
(43 da.)

Associated with spina
bi.Fida and meningocele

Due to _____
Other conditions 1570
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy none

PHYSICIAN
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?

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature John S. Sennott (M. D. or other) M.D.
Address 6420 Clayton Rd. Date signed 7/20/47

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

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.

Not Embalmed

Signed Merle Shepard
Licensed Embalmer No. 3555

P. O. Address.....

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.