

FILED MAY 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 980 980
Registrar's No. 980 980

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hosp.		d. STREET ADDRESS (If rural, give location) Old Folk's Home	

3. NAME OF DECEASED (Type or Print) a. (First) ROBERT b. (Middle) Ernest c. (Last) SMITH			4. DATE OF DEATH (Month) (Day) (Year) 4 22 49		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widower	8. DATE OF BIRTH 12-25-1864	9. AGE (In years last birthday) 84	10. UNDER 1 YEAR Days 3 Hours 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY retired		11. BIRTHPLACE (State or foreign country) Cato, Wis.	

13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Ella Smith	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) none		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Old Folk's Home Records	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 3.5 da.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular Dis.				
		DUE TO (c) pneumonia			93d	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			2 da.	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **4-19-1949** to **4-22-1949** that I last saw the deceased alive on **4-22-1949**, and that death occurred at **7:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. R. Coble, M.D.		23b. ADDRESS 601 Brentwood, Clayton, Mo.		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 4-25-49		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	
				24d. LOCATION (City, town, or county) (State) Kirkwood, Mo.	

DATE REC'D BY LOCAL REG. 4-25-49		REGISTRAR'S SIGNATURE Harold [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Louis H. Bopp, Inc., Kirkwood, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

96
2
3

96
4
3
1

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Peter B. DeBrouille*

Licensed Embalmer No. *3691*

P. O. Address *Richmond Heights, 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.