

FILED OCT 13 1949

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **31709**  
**8488**

318

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. <b>100</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Hospital</b>				d. STREET ADDRESS <b>1510 North 10th.</b>			
3. NAME OF DECEASED a. (First) <b>Robert</b>		b. (Middle) <del>Edmond</del>		c. (Last) <b>Dinan</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 2/49</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Singel</b>		8. DATE OF BIRTH <b>Aug 25 1887</b>	
9. AGE (In years last birthday) <b>62</b>		10. MONTHS <b>1</b>		11. DAYS <b>7</b>		12. HOURS <b>1</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (State or foreign country) <b>St Louis Mo</b>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <b>Robert Dinan</b>		13b. MOTHER'S MARRIAGE NAME <b>May Shaffner</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>497036303</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Julia Oliver</b> ADDRESS <b>9402 Geberg</b>			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Fracture of skull; Subdural hematoma when he was struck by a automobile driven by one Chas. B. Baskerville</b>				INTERVAL BETWEEN ONSET AND DEATH _____	
		ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>					
		DUE TO (b) <b>(of col) in front of 1103 Cass Ave around 7:50 pm Oct 1 1949</b>					
		II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>Accident</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Street</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St Louis Mo 170</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Oct 1 49 7:50 p.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Struck by car 68127 21</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that <del>last</del> <b>last</b> and the deceased alive on _____, 19____, and that death occurred at <b>1130 A.M.</b> from the causes and on the date stated above.							
23a. SIGNATURE <b>Patrick E. Taylor</b> (Degree or title) <b>Coroner</b>				23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>10-5-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Oct 5-1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Nat. Cemeter</b>		24d. LOCATION (City, town, or county) (State) <b>Jefferson Bks. Mo.</b>	
DATE REC'D BY LOCAL REG. <b>OCT 3 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Lassiter</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Fendler Und Co, 7420 Michigan Ave</b>			

WRITE PLAINLY—USING 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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*W E Morris*

Licensed Embalmer No. 3360

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.