

FILED OCT 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32068

8119

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (In this place) 30 yrs d. FULL NAME OF HOSPITAL OR INSTITUTION St. L. City Hosp. #1				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis d. STREET ADDRESS (If rural, give location) 22 1018 Mississippi Ave			
3. NAME OF DECEASED a. (First) Robert b. (Middle) Oliver c. (Last) Osborn			4. DATE OF DEATH (Month) (Day) (Year) Sept. - 20 - 1949				
5. SEX M <input checked="" type="checkbox"/> W <input type="checkbox"/>		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M		8. DATE OF BIRTH Dec. 30 - 1899	
9. AGE (In years last birthday) 49		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck-driver		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) Sharon, Tennessee	
12. CITIZEN OF WHAT COUNTRY? -		13a. FATHER'S NAME Wm. Osborn		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE EVA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW-#2		16. SOCIAL SECURITY NO. WW-#2		17. INFORMANT'S SIGNATURE OR NAME ADDRESS James Osborn - 1420 Menard Str.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subdural hemorrhage; Excephalo ANTECEDENT CAUSES Malacia, following injury Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Due to (b) received when struck in the street in front of 1028 DUE TO (c) Chouston Ave II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 11:50 pm July 15 1949				INTERVAL BETWEEN ONSET AND DEATH 11:50 pm July 15 1949	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Open Verdict					
20a. ACCIDENT SUICIDE HOMICIDE Open Verdict		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Street		20c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo 195			
21a. TIME OF INJURY (Month) (Day) (Year) (Hour) July 15 49 11:50 p.m.		21b. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21c. HOW DID INJURY OCCUR? Auto			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:00 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Patrick Taylor Coroner				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 9-20-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9-22-49		24c. NAME OF CEMETERY OR CREMATORY NATIONAL		24d. LOCATION (City, town, or county) (State) JEFF. BKS. MO.	
DATE RECD BY LOCAL SEP 20 1949		REGISTRAR'S SIGNATURE J B Laster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Allen W McLaughlin 2301 Lafayette			

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 *C. W. Cooper*

Licensed Embalmer No. *3830*

P. O. Address *2301 Lafayette*

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.