V.S. No. 300
Rev. 10.48

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

FILED APR 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10363

BIRTH NO. 17260-50 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2476

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) — St Louis
c. LENGTH OF STAY (In this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Anthony Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Affton
d. STREET ADDRESS (If rural, give location) 9534 Lydell

3. NAME OF DECEASED (Type or Print)
a. (First) ROBERT
b. (Middle) ALLEN
c. (Last) Dow

4. DATE OF DEATH (Month) (Day) (Year) Mar. 13, 1950

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single

8. DATE OF BIRTH Mar 12, 1950

9. AGE (In years last birthday) — If under 1 year: Months — Days 1 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) St Louis, Mo.

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Fred J Dow

13b. MOTHER'S MAIDEN NAME Eloise Sewing

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME Fred J Dow — **ADDRESS** 9534 Lydell

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Aspiration of Amniotic fluid ante natal — INTERVAL BETWEEN ONSET AND DEATH: 10 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

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) 7620

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-12, 1950, *to* 3-13, 1949, *that I last saw the deceased alive on* 3-13, 1950, *and that death occurred at* 9:20A m., *from the causes and on the date stated above.*

23a. SIGNATURE N. M. Forman **(Degree or title)** D MD

23b. ADDRESS 9436 Gravois

23c. DATE SIGNED 3-14-50

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 3/15/50

24c. NAME OF CEMETERY OR CREMATORY Our Redeemer Cemetery

24d. LOCATION (City, town, or county) St Louis County, Mo. (State)

DATE REC'D BY LOCAL REG. MAR 14 1950

REGISTRAR'S SIGNATURE J. B. Fasala

25. FUNERAL DIRECTOR'S SIGNATURE J. L. Ziegenhein & Sons **ADDRESS** 7027 Gravois

(Licensed Embalmer's Statement on Reverse Side)

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. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7027 Gravois

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.