

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED JAN 15 1951

850

BIRTH NO.		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>5985</u>		Registrar's No. <u>3</u>	
1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fort Leonard Wood, Mo</u>			c. LENGTH OF STAY (in this place) <u>7 hours</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>			<u>2239</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>US Army Hosp, Ft Leonard Wood, Mo</u>				d. STREET ADDRESS (If rural, give location) <u>1826 South 7th Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u>		b. (Middle) <u>James</u>		c. (Last) <u>Bright</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 5 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>9 July 1930</u>		9. AGE (In years last birthday) <u>20</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unknown</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME (Step) <u>John B. Miller</u>		13b. MOTHER'S MAIDEN NAME (Step) <u>Martha (Maiden Name Unk)</u>		14. NAME OF HUSBAND OR WIFE <u>- -</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Unknown</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>E. W. GRUNEWALD, Major, MSc USA Army Hosp, Ft L.W., Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prob. Inc. Intracranial Pressure</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Prob. Fractured Skull</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death. Compound Fracture Right Femur</u>				INTERVAL BETWEEN ONSET AND DEATH <u>7 hours</u> <u>26</u>	
19a. DATE OF OPERATION <u>5 Jan 1951</u>		19b. MAJOR FINDINGS OF OPERATION <u>Compound Fracture, Right Femur</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>US66, 5 Mis E. of Rolla</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>a, Mo Rolla Phelps Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (P.M.) <u>Jan 4, 1951 10:30 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Automobile Accident - Car - Insects.</u>			
22. I hereby certify that I attended the deceased from <u>12:00PM, 4 Jan 51, to 6:00AM, 5 Jan 19 51</u> , that I last saw the deceased alive on <u>1:00AM, 5 Jan 1951</u> , and that death occurred at <u>6:00A m.</u> , from the causes and on the date stated above. <u>Dr. W. C. Buck</u>							
23a. SIGNATURE (Degree or title) <u>Theodore M. Meier Lt. JG USAAR MC</u>				23b. ADDRESS <u>Fort Leonard Wood</u>		23c. DATE SIGNED <u>5 Jan 51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1/6/51</u>	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>1-8-51</u>		REGISTRAR'S SIGNATURE <u>Thelma C. Buck</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Walter P. Hedge Sheris, Mo.</u>			

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

Date Filed 1-8-51

File Number

Pulaski County Health Officer

RECEIVED 1-8-51

JAN 17 1951

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

working under my personal supervision.

Student Embalmer No.

Signed

Walter P. Nedges

Signed

Student Embalmer

Licensed Embalmer No.

4265

P. O. Address

Iberia, 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.