

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33464**  
Registrar's No. **8414**

FILED SEP 25 1952  
65558

BIRTH NO. **65558** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b> <b>2059</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. John Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>6029 Bartmer Ave.,</b>	

3. NAME OF DECEASED (Type or Print) <b>Baby</b>		a. (First) <b>Baby</b> b. (Middle) c. (Last) <b>Stobaugh.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 5, 1952</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Sept. 4, 1952</b>	9. AGE (In years last birthday)	10. MONTHS <b>1</b> 11. DAYS <b>10</b> 12. HOURS <b>10</b> 13. MINUTES
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		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>	

13a. FATHER'S NAME <b>Charles Stobaugh.</b>		13b. MOTHER'S MAIDEN NAME <b>Emmie Lee Murry</b>		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) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Charles Stobaugh, 6029 Bartmer Ave..</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Failure and Atherosclerosis.</b>			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Anterior.</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) <b>Prematurity.</b>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>7625</b>	

22. I hereby certify that I attended the deceased from **Sept. 4, 1952**, to **Sept. 5, 1952**, that I last saw the deceased alive on **Sept. 5, 1952**, and that death occurred at **7:00 P.M.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Frank D. Robertson, M.D.</b>		23b. ADDRESS <b>634 No. Grand Ave.</b>		23c. DATE SIGNED <b>9-6-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Sept. 6/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cem.,</b>	
		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>			

DATE REC'D BY LOCAL REG. <b>SEP 8 1952</b>		REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Jos. W. Clark 1125 Hodiamont Ave..</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Frank A. Robertson  
Mo. Lhr. Bd. of  
Fe. 92/62

**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 Joe W. Leonard  
Licensed Embalmer No. 1661

P. O. Address 1125 Hodiament Avel

( No embalming )

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.