

FILED FEB 11 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3030
Registrar's No. 0955

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 0955	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2179			
d. FULL NAME OF HOSPITAL OR INSTITUTION Incarnate Word Hosp.				d. STREET ADDRESS (If rural, give location) 3857 Detonty St. 0			
3. NAME OF DECEASED (Type or Print) Robert		a. (First) Lynn		b. (Middle) Doss		4. DATE OF DEATH (Month) (Day) (Year) 1-25-53	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 1-11-1909	
9. AGE (In years last birthday) 44 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ticket Agent		10b. KIND OF BUSINESS OR INDUSTRY Greyhound Bus Co.		11. BIRTHPLACE (City and State or Foreign Country) Leadwood, Mo. 0	
12. CITIZEN OF WHAT COUNTRY? USA.		13a. FATHER'S NAME William V. Doss		13b. MOTHER'S MAIDEN NAME Alice Lewis		14. NAME OF HUSBAND OR WIFE Helen Renz Doss	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. W.W. II 488-01-7944		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Helen Doss 3857 Detonty St. (10)			
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Carcinoma of intestine and bladder 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 Oct 24-52		19b. MAJOR FINDINGS OF OPERATION Ca. of Intestine & Bladder				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) _____		21f. HOW DID INJURY OCCUR 153X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from 9-24, 1952, to 1-25-1953, that I last saw the deceased alive on 1-24, 1953, and that death occurred at 5:00P m., from the causes and on the date stated above.			
23a. SIGNATURE Dr. Pew M.D. (Degree or title)		23b. ADDRESS 1446 S. Grand		23c. DATE SIGNED 1-27-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1/28/53		24c. NAME OF CEMETERY OR CREMATORY National		24d. LOCATION (City, town, or county) (State) Jefferson Br. Mo.	
DATE REC'D BY LOCAL REG. JAN 27 1953		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 3125 Lafayette Ave.			

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

Joseph B. Vollen

Licensed Embalmer No. *4014*

P. O. Address *3125 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.