

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4073**

FILED JAN 31 1953

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **0253**

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLAYTON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
c. LENGTH OF STAY (in this place) 6 1/2 HRS		d. STREET ADDRESS (If rural, give location) 5806 CLEMENS AVE.	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS COUNTY HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) Blanche b. (Middle) COOK c. (Last) Robb			4. DATE OF DEATH (Month) (Day) (Year) 1-22-1953		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED	
8. DATE OF BIRTH 28 AUG 1902		9. AGE (In years last birthday) 50		10. IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (City and State or Foreign Country) KENSINGTON, MARYLAND	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME JAMES BYRON COOK		13b. MOTHER'S MAIDEN NAME GRETCHEN HELEN MARTIN		14. NAME OF HUSBAND OR WIFE CARLTON ROBB	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS CARLTON ROBB 5806 CLEMENS AVE.	

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) Cerebral Hemorrhage.			INTERVAL BETWEEN ONSET AND DEATH 6 hrs.
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardio Vas dis			?
		DUE TO (c) Undetermined			?
		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 <input checked="" type="checkbox"/> NO <input 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? 2:27 Pm	

22. I hereby certify that I attended the deceased from **1-22-1953**, to **1-22, 1953**, that I last saw the deceased alive on **1-22, 1953** and that death occurred at **8:50 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles E. Nichols M.D.		23b. ADDRESS 601 S. Brentwood Clayton		23c. DATE SIGNED 1-23-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		24b. DATE 24 JAN 53		24c. NAME OF CEMETERY OR CREMATORY OAK GROVE CEMETERY	
				24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MO.	

DATE REC'D BY LOCAL REG. 1-23-53		REGISTRAR'S SIGNATURE Herkut R. Daniels		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R. LUPTON & SONS 7233 DELMAR BLVD.	
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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

no embalming
Arnold W. Schoene

Licensed Embalmer No. *3864*

P. O. Address *St Louis, 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.