

FILED NOV 6 - 1953

STANDARD CERTIFICATE OF DEATH

37829

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2600

1. PLACE OF DEATH a. COUNTY <u>St. Louis,</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 town) <u>Maplewood</u>	c. LENGTH OF STAY (In this place) <u>153 1/4</u> <u>YEARS</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Maplewood</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>7326 Richmond Place</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u>	b. (Middle) <u>Joseph</u>	c. (Last) <u>Robards</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10</u> <u>4</u> <u>53</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>10/25/04</u>	9. AGE (In years last birthday) <u>48</u> if UNDER 1 YEAR Months <u>11</u> Days <u>8</u> if UNDER 1 WEEK Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chief Clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Rail Road</u>	11. BIRTHPLACE (State or foreign country) <u>Jerseyville, Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Joseph Robards</u>	13b. MOTHER'S MAIDEN NAME <u>Do. Ethel G. Gretherfeld</u>	14. NAME OF HUSBAND OR WIFE <u>Dorothy H. Harreld</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>705-10-3319</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Robert J. Robards</u>	ADDRESS <u>7326 Richmond</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u>
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Massive Pulmonary Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary Tuberculosis</u>		
	DUE TO (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>602X</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from July, 1950, to 10/3/53, 19 , that I last saw the deceased alive on 10/3/53, 19 , and that death occurred at 11:P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Massas O. Schmidt</u>	(Degree or title) <u>0</u>	23b. ADDRESS <u>University Club Bldg.</u>	23c. DATE SIGNED <u>10/5/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/6/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10/6/53</u>	REGISTRAR'S SIGNATURE <u>Heber G. Spoke, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ambruster Mortuary</u>	ADDRESS <u>6633 Clayton Rd.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Ernest W. Spiller*

Licensed Embalmer No. *14080*

P. O. Address _____

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.