

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45414

FILED JAN 20 1954

State File No. 12376
Registrar's No.

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

1. PLACE OF DEATH a. COUNTY <u>0</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) OR TOWN <u>St. Louis, Missouri</u>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>4790</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
• STREET ADDRESS (If rural, give location) <u>10024 Highway 66</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Robert</u>	b. (Middle) <u>(NMN)</u>	c. (Last) <u>Light</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>December 30, 1953</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>July 27, 1927</u>	9. AGE (In years last birthday) <u>26</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours - Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student: Washington</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>U. Research, W. D. C.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>New York, N.Y.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Sam C. Light.</u>	13b. MOTHER'S MAIDEN NAME <u>Jean Popkin.</u>	14. NAME OF HUSBAND OR WIFE <u>Patricia Bassford Light.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes W.W.II</u>	16. SOCIAL SECURITY NO. <u>119-18-7726</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Bertha B. Bassford, St. Louis, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lung involvement</u>		<u>2 yrs.</u>
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <u>Widespread Hodgkin's disease</u> DUE TO (c)		<u>7 yrs.</u>
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>201X</u>
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22. I hereby certify that I attended the deceased from 12-26, 1953, to 12-30, 1953, that I last saw the deceased alive on 12-30, 1953, and that death occurred at 5:30 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>FR Bradley</u> M. D.	23b. ADDRESS <u>BARNES HOSPITAL</u>	23c. DATE SIGNED <u>12-30-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	24b. DATE <u>1/2/1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Crematory</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>DEC 31 1953</u>	REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C.R. Lupton & Sons, 7233 Delmar Blvd</u>
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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.....
Signature of Student Embalmer

Signed *Ronald W. Schoen*.....

Licensed Embalmer No. *3864*.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.