

STANDARD CERTIFICATE OF DEATH

24874

State File No.

FILED JUL 26 1954

BIRTH NO. 47897-54 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6435

1. PLACE OF DEATH a. COUNTY		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 ST LOUIS,		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN ST LOUIS			
d. FULL NAME OF HOSPITAL OR INSTITUTION. CHRISTIAN HOSPITAL		e. STREET ADDRESS (If rural, give location) 4309 a MARGARETTA AVE 21090					
3. NAME OF DECEASED (Type or Print) ROBERT		a. (First)		b. (Middle)			
				c. (Last) LOSEMAN			
4. DATE OF DEATH JULY 14, 1954		5. SEX MALE		6. COLOR OR RACE WHITE			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH JULY 14, 1954		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 51			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) ST LOUIS MISSOURI			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JOHN LOSEMAN		13b. MOTHER'S MAIDEN NAME ROSEMARY NOGALSKI			
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) NO		16. SOCIAL SECURITY NO. NONE			
17. INFORMANT'S SIGNATURE OR NAME JOHN LOSEMAN		ADDRESS 4309 a MARGARETTA 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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity - 22 weeks ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Natural - Placenta praevia DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH 45 minutes	
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 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? 7615		22. I hereby certify that I attended the deceased from <u>7/14</u> , 1954, to <u>7/14</u> , 1954, that I last saw the deceased alive on <u>7/14</u> , 1954, and that death occurred at <u>6:38 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE Harold C. Sille M.D. (Degree or title)		23b. ADDRESS 5626 W. Florissant		23c. DATE SIGNED 7/15/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 7/15/54		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY			
24d. LOCATION (City, town, or county) (State) ST LOUIS MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE J. Earl Smith, M.D.		ADDRESS STROOT - CARROLL 4600 NATURAL BRIDGE AVE			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*Callie
5626 W. Glenwood
St. L. 5751*

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 Not Embalmed, Student Embalmer No. _____ working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed M. W. Ruster

Licensed Embalmer No. 4865

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.