

FILED AUG 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29185

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

6818

BIRTH NO.

REG. DIST. NO.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.		b. COUNTY St. Louis	
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 18 hrs		c. CITY OR TOWN Northwoods	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital		d. STREET ADDRESS 4616 Roxie			
3. NAME OF DECEASED (Type or Print) Robert		a. (First)		b. (Middle)	
		c. (Last) Renaud		4. DATE OF DEATH (Month) (Day) (Year) 7 22 54	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Unmarried	
8. DATE OF BIRTH Oct. 28, 1949		9. AGE (In years last birthday) 4		10. IF UNDER 1 YEAR Months Days 11. IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) St. Louis	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Clyde Renaud		13b. MOTHER'S MAIDEN NAME Ethel Hudson Renaud	
14. NAME OF HUSBAND OR WIFE None		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 Clyde Renaud		ADDRESS 4616 Roxie			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Bulbar Polio myelitis</i>		INTERVAL BETWEEN ONSET AND DEATH 18 hours	
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		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? 0800	
22. I hereby certify that I attended the deceased from <i>July 21, 1954</i> , to <i>July 22, 1954</i> , that I last saw the deceased alive on <i>July 22, 1954</i> , and that death occurred at <i>4:15 A.M.</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>Quentin M. Smith M.D.</i>		(Degree or title)		23b. ADDRESS <i>7309 Natural Bridge Rd.</i>	
23c. DATE SIGNED <i>7/22/54</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24b. DATE <i>JULY 24</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Resurrection</i>		24d. LOCATION (City, town, or county) <i>St. Louis</i>		(State) <i>MO.</i>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>JUL 23 1954</i>		REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Cullen-Kelly</i>	
ADDRESS <i>7267 Met Bridge</i>					

JUL 23 1954

mjb

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *James A. Lamm* _____

Licensed Embalmer No. *4142* _____

P. O. Address *St. Louis* _____

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.