

FILED DEC 6 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37819

over

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 5591 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>ST. LOUIS COUNTY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HILLSBORO RURAL CENTRAL</u>		c. CITY OR TOWN <u>ST. LOUIS COUNTY</u>	
c. LENGTH OF STAY (in this place)		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HY. 21 3 MI S. OF HILLSBORO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>5108 HERBERT</u>	
3. NAME OF DECEASED (Type or Print) <u>ROBERT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 27 1954</u>	
5. SEX <u>M</u> 6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	
8. DATE OF BIRTH <u>JAN. 22 1927</u>		9. AGE (In years last birthday) <u>27</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ELECTRICIAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ELECTRIC</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>DECEASED</u>		13b. MOTHER'S MAIDEN NAME <u>MARIE GALLAGHER</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>YES</u>	
16. SOCIAL SECURITY NO. <u>493-24-6819</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Marie Gallagher</u> ADDRESS <u>5108 Herbert</u>	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BY HEAD ON COLLISION OF 2 AUTOMOBILES ON HY #21</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>AUTOMOBILES ON HY #21</u> DUE TO (c) <u>ABOUT 1 1/2 MI. SOUTH OF HILLSBORO</u> 2. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>E8164 27</u>	
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) <u>050</u>	
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?		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3:40</u> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>D. B. Edwards M.D. Coroner</u>		23b. ADDRESS <u>Oshtor Hill</u>	
23c. DATE SIGNED <u>11/27/54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>11/30/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sullivan Funeral Home</u> ADDRESS <u>Ended St. Louis</u>	
DATE REC'D BY LOCAL REG. <u>11/29/54</u>		REGISTRAR'S SIGNATURE <u>Kathleen Marsden</u>	

(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

DEC 2 1954

DEC 6 1954

DEC 2 1954  
MAR 9 1956

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 *Samuel B. Dietrich*

Licensed Embalmer No. *4104*

P. O. Address *Dept. M*

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.