

STANDARD CERTIFICATE OF DEATH

State File No. **31803**
Registrar's No. **2096**

BIRTH NO. **33451-55** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **544**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Kirkwood		c. CITY OR TOWN Kirkwood	
c. LENGTH OF STAY (If applicable) 9 Days		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Josephs Hospital		e. STREET ADDRESS (If rural, give location) 9600 Highway 66, Sappington Road, 22	

3. NAME OF DECEASED (Type or Print)	a. (First) ROBERT	b. (Middle)	c. (Last) MUSTERMAN	4. DATE OF DEATH (Month) (Day) (Year) Sept. 6th, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH April 9th, 1955	9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months 4 Days 27	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) None	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Robert Gordom Musterman	13b. MOTHER'S MAIDEN NAME Marlene Lorenz	14. NAME OF HUSBAND OR WIFE Noje
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, state year or dates of service) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Robert G. Musterman, 9600 Highway 66	ADDRESS 9600 Highway 66
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 1/2 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilat Pulchural Hematoma		
	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 9-6-55	19b. MAJOR FINDINGS OF OPERATION 7:00	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)
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?

22. I hereby certify that I attended the deceased from **8-30**, 19**55**, to **9-6**, 19**55**, that I last saw the deceased alive on **9-6**, 19**55**, and that death occurred at **7:30P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dean Woodruff	23b. ADDRESS 6944 Chippewa	23c. DATE SIGNED 9-6-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 9/9/55	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
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DATE REC'D BY LOCAL REG. 9-8-55	REGISTRAR'S SIGNATURE Herbert R. Douke MD	FUNERAL DIRECTOR'S SIGNATURE CALVIN F. MOULTON	ADDRESS 1828 Natural Bridge Blvd. FUNERAL HOME, INC., St. Louis, 15, Missouri
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

12:00 Noon to 1:00 PM
Wednesday or Thursday

File in County.

A 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 *John A. Mena*.....

Licensed Embalmer No. *418*.....

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.