

FILED NOV 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39244**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **590** Registrar's No. **2674**

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) OR TOWN Brentwood		c. CITY OR TOWN Brentwood 451	
c. LENGTH OF STAY (In this place) 2 years		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2600 Helen Ave.,		e. STREET ADDRESS (If rural, give location) 2600 Helen Ave.,	

3. NAME OF DECEASED (Type or Print)	a. (First) ROBERT	b. (Middle) L.	c. (Last) DAY	4. DATE OF DEATH (Month) (Day) (Year) Nov. 13, 1955
-------------------------------------	--------------------------	-----------------------	----------------------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 4, 1923	9. AGE (In years last birthday) 31	IF UNDER 1 YEAR Months 11 Days 9	IF UNDER 24 HRS. Hours Min.
--------------------	-------------------------------	---	--------------------------------------	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist	10b. KIND OF BUSINESS OR INDUSTRY Rock Hill Welding Co.	11. BIRTHPLACE (City and State or Foreign Country) Muskogee, Okla	12. CITIZEN OF WHAT COUNTRY? USA
--	--	--	---

13a. FATHER'S NAME William Day	13b. MOTHER'S MAIDEN NAME Margaret Lewellyn	14. NAME OF HUSBAND OR WIFE Lorraine Day
---------------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes W. W. 2	16. SOCIAL SECURITY NO. 488-26-0018	17. INFORMANT'S SIGNATURE OR NAME Mrs. Robert Day	ADDRESS 2600 Helen, Brentwood, Mo.
--	--	--	---

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		INTERVAL BETWEEN ONSET AND DEATH 6 mos.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma Left testicle 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 12/2/53	19b. MAJOR FINDINGS OF OPERATION Carcinoma left testicle.	178X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 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 **9/23**, 19**46**, to **11/13**, 19**55**, that I last saw the deceased alive on **11/8**, 19**55**, and that death occurred at **4 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE Shelley King MD (Degree or title) C	23b. ADDRESS 689 E Big Bend	23c. DATE SIGNED 11/14/55
---	------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Entombment	24b. DATE 11/15/55	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Mausoleum	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
---	---------------------------	---	--

DATE REC'D BY LOCAL REG. 11-15-55	REGISTRAR'S SIGNATURE Herbert B. Dombke MD	25. FUNERAL DIRECTOR'S SIGNATURE Louis H. Bopp MD	ADDRESS 7414 North
--	---	--	---------------------------

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 *Felix Durand*.....

Licensed Embalmer No. *303*.....

P. O. Address *Kirkwood*.....

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.