

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 13 1955

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2235

1. PLACE OF DEATH a. COUNTY <u>St. Louis Co - [redacted]</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Robertson</u>	c. LENGTH OF STAY (in this place) <u>2 1/2 years</u>	c. CITY OR TOWN <u>Robertson Mo</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>[redacted] - 301 R. Hall Ave</u>		e. STREET ADDRESS (If rural, give location) <u>301 R. Hall Ave Robertson.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lewis</u>	b. (Middle) _____	c. (Last) <u>VarBough</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11-19-55</u>
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5. SEX <u>M.</u>	6. COLOR OR RACE <u>N.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>11-23-1950</u>	9. AGE (In years last birthday) <u>5</u>	IF UNDER 1 YEAR Months _____ Days _____	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) <u>NONE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Tchula Miss</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James Clark.</u>	13b. MOTHER'S MAIDEN NAME <u>Eldra VarBough.</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NONE</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Eldra VarBough. Clark - Robertson</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Thermal injury with possibly some degree of carbon monoxide poisoning,</u>	suffered when his home in some undetermined manner caught fire while he		
	DUPLICATE (b) <u>was asleep and while the parents were</u>	absent.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>absent.</u>				

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>9160 16 890x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Robertson MO St. Louis Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11/19/55 7:45P</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Home caught on fire while children were sleeping & the parents were not present</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Arnold J. Hillmann</u> Coroner	23b. ADDRESS <u>Clayton, Mo.</u>	23c. DATE SIGNED <u>11/22/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11-23-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Missouri</u>
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DATE REC'D BY LOCAL REG. <u>11-22-55</u>	REGISTRAR'S SIGNATURE <u>Robert R. [redacted]</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[redacted] - Robertson Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 11 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ~~was emb~~ *were not embalmed*

by me, or by, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Ernest Haduk*.....

: Licensed Embalmer No.....

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.