

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 6 1956

State File No. **28898**
Registrar's No. **7753**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute City Hospital		e. STREET ADDRESS (If rural, give location) 5618 West Park Ave. 2049	
3. NAME OF DECEASED (Type or Print) ROBERT		4. DATE OF DEATH (Month) (Day) (Year) Aug. 20 1956	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 12, 1885	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Paper Cutter-Great Western Co.		9b. KIND OF BUSINESS OR INDUSTRY	
10a. FATHER'S NAME James D. Mudd		10b. MOTHER'S MAIDEN NAME Elizabeth Metz	
11. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		12. SOCIAL SECURITY NO. None	
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		14. MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS	
15. DATE OF OPERATION		16. MAJOR FINDINGS OF OPERATION	
17. ACCIDENT SUICIDE HOMICIDE (Specify)		18. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
19. TIME OF INJURY (Month) (Day) (Year) (Hour)		20. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21. 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 _____ m., from the causes and on the date stated above.		22. SIGNATURE Patricia C. Taylor Corcoran	
23. BURIAL, CREMATION, REMOVAL (Specify) Removal		24. DATE Aug. 23, 1956	
25. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		26. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
DATE REC'D BY LOCAL REG. AUG 21 1956		REGISTRAR'S SIGNATURE J. Carl Smith M.D.	
27. FUNERAL DIRECTOR'S SIGNATURE Kruegshauser		ADDRESS 4228 S. Kingshighway Bl	

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 *Richard W. Storvick*.....

Licensed Embalmer No...400.....

P. O. Address

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.