

FILED NOV 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39742

Registrar's No. 9947

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 9947	
1. PLACE OF DEATH a. COUNTY _____				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 OR CITY TOWN St. Louis		c. LENGTH OF STAY (In this place) 10 Da.		c. CITY OR TOWN Florissant 7		d. In 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. John's Hosp.				e. STREET ADDRESS (If rural, give location) 170 St. Cornelius Lane			
3. NAME OF DECEASED (Type or Print) a. (First) WILBIA M b. (Middle) RAY c. (Last) ROBERTSON			4. DATE OF DEATH (Month) (Day) (Year) Oct. 30. 1956				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 16, 1930	
9. AGE (In years last birthday) 26		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur		10b. KIND OF BUSINESS OR INDUSTRY Truck		11. BIRTHPLACE (City and State or Foreign Country) Walnut Grove, Mo.	
12. CITIZEN OF WHAT COUNTRY? Usa.		13a. FATHER'S NAME Ray Robertson		13b. MOTHER'S MAIDEN NAME Opal. Qualls		14. NAME OF HUSBAND OR WIFE Marianne Robertson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, never unknown) Yes		16. SOCIAL SECURITY NO. 491-30-3726		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Opal Robertson Aurora, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Stenosis & Congest		DUE TO (b) Aspiration of blood					48 hrs
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Renal failure, acute					72 hrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							48 hrs
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input checked="" 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)			
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 10-20, 1956, to 10/30, 1956, that I last saw the deceased alive on 10/30, 1956, and that death occurred at 4:45 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. F. Keenan, M.D.				23b. ADDRESS 634 N. Grand		23c. DATE SIGNED 10/31/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10-31-56		24c. NAME OF CEMETERY OR CREMATORY Green Lawn Cem.		24d. LOCATION (City, town, or county) (State) Aurora, Mo.	
DATE REC'D BY LOCAL REG. OCT 31 1956		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Stock Mortuary 2117 E. Grand Ave.			

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

Specimen - Death, Congestive after pulmonary edema

By Handwritten
818 - 110 - *Heinrich*
2 - 30 - 27M

JUL 2 1962

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.....
Paul A. Wachter

Licensed Embalmer No. *4787*

P. O. Address *St. Louis, Mo.*

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.