

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3152

FILED FEB 4 1957

318

1003

STATE FILE NUMBER

264

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St Louis</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>St Louis</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>38 38th City Hosp</u>			Length of stay in lb _____		d. STREET ADDRESS <u>221 2652 Lucas</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>Robert</u> Middle _____ Last <u>Varner</u>				4. DATE OF DEATH Month <u>Jan</u> Day <u>8</u> Year <u>1957</u>									
5. SEX <u>M</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>17 Nov 1888</u>		9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done in most of working life, even if retired) <u>Retired</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>			11. BIRTHPLACE (City and state or country) <u>Anthony - Iowa</u>			12. CITIZEN OF WHAT COUNTRY? <u>U S</u>				
13. FATHER'S NAME <u>Robert Varner</u>				14. MOTHER'S MAIDEN NAME <u>Mattie Page</u>									
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT Name <u>Charlie Varner</u> Address <u>2652 Lucas</u>							
18. CAUSE OF DEATH [Enter only one cause per line in (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Tuberculosis</u>										INTERVAL BETWEEN ONSET AND DEATH			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____													
DUE TO (c) _____													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> <u>0</u>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) <u>.008x</u>										
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a. m. _____ p. m. _____													
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION			COUNTY		STATE		
21. I attended the deceased from _____ to _____ and last saw her him alive on _____ Death occurred at <u>9:19 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>James M. Kelly</u>						22b. ADDRESS <u>1300 Clark</u>			22c. DATE SIGNED <u>1-9-57</u>				
23a. BURIAL CREMATION RECORDIAL (Specify)		23b. DATE <u>11 Jan 57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Dakota Cemetery</u>				23d. LOCATION (City, town, or county) <u>St Louis Co</u>		(State) <u>Mo</u>			
24. FUNERAL DIRECTOR <u>Reliable Funeral Hys 1389 N Main</u>				ADDRESS		25. DATE RECD. BY LOCAL REG. <u>JAN 10 '57</u>		26. REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>					

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard non-removable embossed forms. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

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 V. Freeman*

Licensed Embalmer No. *468*

P. O. Address *729 Har*

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