FILED JAN 24 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 31.58

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 225

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Park Lane Hosp. — Length of stay in 1b 3 weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS 3940 Russell ave. (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First ROBERT Middle LEO Last VOYLES
4. DATE OF DEATH Month 1-7 Day Year 57
5. SEX male
6. COLOR OR RACE white
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 1-15-1923
9. AGE (In years last birthday) 33 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) winder
10b. KIND OF BUSINESS OR INDUSTRY Amer. Can Co.
11. BIRTHPLACE (City and state or country) Arkansas
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Jacob Eli Voyles
14. MOTHER'S MAIDEN NAME Minnie Brawley
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW#2
16. SOCIAL SECURITY NO. 500-18-7854
17. INFORMANT Address Ruby Voyles, 3940 Russell ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Intestinal Obstruction — 2 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Post-op Int. Obstruction — 7 days
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 ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 12/16/56 to 1/7/57 and last saw her him alive on 1/7/57
Death occurred at 1/7/57 4 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) A. L. Maller M.D.
22b. ADDRESS 505 Amvets Club Bldg
22c. DATE SIGNED 1/8/57

23a. BURIAL, CREMATION, REMOVAL (Specify) removal
23b. DATE 1-8-57
23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) (State) Ellington, Mo.

24. FUNERAL DIRECTOR ADDRESS McSpadden, Ellington, Mo.
25. DATE RECD. BY LOCAL REG. JAN 8 '57
26. REGISTRAR'S SIGNATURE J Earl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRIT
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.