Health, Welfare Public Service

2009
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-56 1

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 25 1957

6751

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 998

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes ☐ No ☐

c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 01 1802 S. Jefferson Ave. — Length of stay in 1b 2239

d. STREET ADDRESS (If outside, give location) 1802 S. Jefferson — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First ROBERT Middle B. Last WHITE

4. DATE OF DEATH Month Jan. Day 29, Year 1957

5. SEX Male 0

6. COLOR OR RACE White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH Sept. 7, 1907

9. AGE (In years last birthday) 49 — 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) Salesman

10b. KIND OF BUSINESS OR INDUSTRY Automobile

11. BIRTHPLACE (City and state or country) Butte, Montana

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Sam R. White

14. MOTHER'S MAIDEN NAME ? Noble

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Address Mrs Turner 919 N. Taylor Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Congestion

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Barbiturate Poisoning

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) E871X

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) Self administered in Home on or about January 29th 1957.

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 1 29 57

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.) Home

20f. CITY, TOWN, OR LOCATION St Louis Mo. COUNTY STATE

21. I attended the deceased from 440 P. to and last saw her/him alive on
Death occurred at 440 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Patrick E. Taylor (Degree or title) 3

22b. ADDRESS 1300 Clark 1300 Clark

22c. DATE SIGNED 1-31-57 1/31/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation

23b. DATE 1/31/57

23c. NAME OF CEMETERY OR CREMATORY Missouri Crematory

23d. LOCATION (City, town, or county) (State) St. Louis, Missouri

24. FUNERAL DIRECTOR ADDRESS CHULICK UND. CO. 1722 S. Jefferson

25. DATE RECD. BY LOCAL REG. JAN 31 '57

26. REGISTRAR'S SIGNATURE J Carl Smith MD MSA

(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 was em

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Not Embalme
Pete Chulic
Licensed Embalmer No.....

P. O. Address .....

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