

THE CITY OF ST. LOUIS, MISSOURI  
STANDARD CERTIFICATE OF DEATH

'57 0 2 27 47  
STATE FILE NUMBER  
5461

FILED JUN 20 1957  
101614-56

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 5461

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <input checked="" type="checkbox"/>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>38 St. Louis City Hospital DOA</b>			Length of stay in lb <b>222</b>	d. STREET ADDRESS (If outside, give location) <b>2611 Caroline</b>	
3. NAME OF DECEASED (Type or print) First <b>Donald</b> Middle <b>Franklin</b> Last <b>Modglin</b>			4. DATE OF DEATH Month <b>June</b> Day <b>6</b> Year <b>1957</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 31, 1956</b>		9. AGE (In years last birthday) Months <b>9</b> Days <b></b> Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Parma, Mo.</b>	
13. FATHER'S NAME <b>Donald B. Modglin</b>			14. MOTHER'S MAIDEN NAME <b>Virginia Grain</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Donald B. Modglin, 2611 Caroline St.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pulmonary Congestion</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Congenital Cardiac Hypertrophy</b> DUE TO (c) <b></b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					INTERVAL BETWEEN ONSET AND DEATH <b>754.4</b>
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.)		
20c. TIME OF INJURY Hour <b></b> Month, Day, Year a. m. <b></b> p. m. <b></b>					
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 <b>6:15 p. m.</b> on the date stated above; and to the best of my knowledge, from the causes stated					
22a. SIGNATURE <b>Joseph M. Quinn</b>			22b. ADDRESS <b>1300 Clark</b>		22c. DATE SIGNED <b>6/11/57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>6-7-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Bernie Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Bernie, Mo.</b>
24. FUNERAL DIRECTOR <b>Albert H. Hoppe, 4700 Washington Blvd.</b>			25. DATE RECD. BY LOCAL REG. <b>JUN 11 57</b>		25. REGISTRAR'S SIGNATURE <b>J. Carl Smith MO</b> <i>m &amp; B</i>

Name: Donald B. Robinson  
 Home: None  
 Color: White  
 Sex: Male  
 Date of Birth: Aug. 21, 1926  
 Date of Death: June 6, 1957  
 Place of Birth: Franklin, Virginia  
 Place of Death: St. Louis City Hospital, St. Louis, Mo.  
 Cause of Death: None  
 Name of Physician: Donald B. Robinson, Virginia Grant

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 *John J. Danner*  
 Licensed Embalmer No. 710  
 P. O. Address *St. Louis*

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