

STANDARD CERTIFICATE OF DEATH

25266

STATE FILE NUMBER

FILED JUL 16 1957

Registration District No. 180 Primary Registration District No. 5674 Registrar's No. 5

0570
3

1. PLACE OF DEATH a. COUNTY: <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: <u>Missouri</u> b. COUNTY: <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: <u>Snow Hill</u>		c. CITY OR TOWN: <u>St. Louis</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION: <u>Swimming Pool</u>		d. STREET ADDRESS: <u>1437 Francis</u>	
3. NAME OF DECEASED (Type or print) First: <u>Robert</u> Middle: Last: <u>Allen</u>		4. DATE OF DEATH Month: <u>July</u> Day: <u>6</u> Year: <u>1957</u>	
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>Col</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH: <u>6 th Sept 1942</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>None</u>	9. AGE (In years last birthday): <u>14</u>
13. FATHER'S NAME: <u>Robert Allen</u>		11. BIRTHPLACE (City and state or country): <u>St. Louis Missouri</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>		12. CITIZEN OF WHAT COUNTRY?: <u>U.S.A.</u>	
16. SOCIAL SECURITY NO.: <u>None</u>		14. MOTHER'S MAIDEN NAME: <u>Elsie Clay</u>	
17. INFORMANT: <u>Mrs Elsie Allen</u>		Address: <u>Allen 1437 Francis</u>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): <u>Accidental Drowning</u>		INTERVAL BETWEEN ONSET AND DEATH: <u>???</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): <u>Swimming in the Sherwood Forest Camp Pool</u> DUE TO (c): <u>at Cuivre State Park, Near Troy, Mo.</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) (Coroner's Jury Verdict): <u>E 929.4</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>
20a. ACCIDENT <input checked="" 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>Deceased drowned in pool, 42</u>	
20c. TIME OF INJURY: <u>4:45 p. m.</u> Hour: <u>4:45</u> Month: <u>7</u> Day: <u>6</u> Year: <u>57</u>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): <u>Swimming Pool</u>	20f. CITY, TOWN, OR LOCATION: <u>Lincoln Co. Missouri</u>
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>4:45 PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE: <u>Joseph J. Marsh</u> (Degree or title) <u>CORONER</u>		22b. ADDRESS: <u>351 Monroe St. Troy, Mo.</u>
23a. BURIAL, CREMATION, REMOVAL (Specify): <u>Removal</u>		22c. DATE SIGNED: <u>7/9/57</u>
23b. DATE: <u>7/11/57</u>	23c. NAME OF CEMETERY OR CREMATORY: <u>Washington Park</u>	23d. LOCATION (City, town, or county) (State): <u>St. Louis County Mo</u>
24. FUNERAL DIRECTOR: <u>Herman J. Smith</u> ADDRESS: <u>4247 W Labadie Ave</u>		25. DATE RECORDED: <u>7-13-1957</u>
		26. REGISTRAR'S SIGNATURE: <u>Emma B. Riddle</u>

(Licensed Embalmer's Statement on Reverse Side)

MAY 17 1957

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 *W. Claude Gordon*

Licensed Embalmer No. *348*

P. O. Address *45756*

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.