

HEALTH DEPARTMENT OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042698

STATE FILE NUMBER

87789
FILED NOV 20 1958 Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2810

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u> <u>Richmond Heights.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>RICHMOND HEIGHTS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>ST. LOUIS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mary Hosp.</u>			Length of stay in lb <u>9 hrs. 2058</u>		d. STREET ADDRESS (If outside, give location) <u>5636 Cabanne.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Robert</u> Middle <u>E.</u> Last <u>French Jr.</u>				4. DATE OF DEATH Month <u>11</u> Day <u>1</u> Year <u>58</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>		8. DATE OF BIRTH <u>11-1-1958</u>		
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months <u>9</u> Days <u>9</u> Hours <u>9</u> Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		
11. BIRTHPLACE (City and state or country) <u>St. Louis County, MO</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13. FATHER'S NAME <u>Robert E. French.</u>				14. MOTHER'S MAIDEN NAME <u>Conie Jean Smith.</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>NONE</u>		17. INFORMANT <u>Robert E. French, 5636 Cabanne.</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>CONGENITAL RENAL APLASIA</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)		<u>7573</u>		
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 checked="" type="checkbox"/> NO <input type="checkbox"/>	
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 <u>6:25</u> Month <u>11</u> Day <u>1</u> Year <u>58</u> 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 <u>Nov. 1, 1958</u> to <u>Nov. 1, 1958</u> and last saw ^{him} alive on <u>Nov. 1, 1958</u> Death occurred at <u>6:25 p.m.</u> on the date stated above; and to the best of my knowledge from the causes stated.								
22a. SIGNATURE <u>Les R. Fitz Gerald M.D.</u> (Degree or title)				22b. ADDRESS <u>6677 Delmar Blvd University City (6) Mo.</u>		22c. DATE SIGNED <u>Nov 3, 1958</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>11-3-1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Lakewood.</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis, County.</u>		
24. FUNERAL DIRECTOR <u>Southern Funeral Home 6322 S. Grand</u>				25. DATE RECD. BY LOCAL REG. <u>11/3/58</u>		26. REGISTRAR'S SIGNATURE <u>Herbert R. Vonke M.D.</u> <u>D.M.</u>		

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 *NOT EMBALMED &*

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.