

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046823
STATE FILE NUMBER

FILED JAN 12 1959

Registration District No. 317 Primary Registration District No. 500

Registrar's No. 3453

300
1-57

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Normandy		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Normandy 41818
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3124 Lucas-Hunt		Length of stay in lb 1 year	d. STREET ADDRESS (If outside, give location) 3124 Lucas-Hunt
3. NAME OF DECEASED (Type or print) First Middle Last Alice Marlene Robb			4. DATE OF DEATH Month Day Year Dec. 31, 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 22, 1883
9a. AGE (In years less Birthdays) 75		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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Christian County, Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Addison Jehle	
13b. MOTHER'S MAIDEN NAME Lyda Moore		14. NAME OF HUSBAND OR WIFE Samuel O. Robb, dec'd.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Dorothy L. Kewley, 3124 Lucas-Hunt Rd
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Incontinence and Debilitation</i> DUE TO (b) <i>Carcinomatosis</i> DUE TO (c) <i>Primary Cancer of Breast</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Terminal Bronchopneumonia 170X</i>			INTERVAL BETWEEN ONSET AND DEATH <i>weeks</i> <i>months</i> <i>1 year</i>
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 Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		20f. COUNTY STATE	
21. I attended the deceased from <i>May 1958</i> to <i>Dec. 31, 1958</i> and last saw her alive on <i>Dec. 31, 1958</i> Death occurred at <i>1:30 PM</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Robert C. Clark, D.O.</i>		22b. ADDRESS <i>1735 S. Florissant Rd. Florissant, Mo.</i>	22c. DATE SIGNED <i>1-1-1959</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>1-3-1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Valhalla Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Normandy, Missouri</i>
24. FUNERAL DIRECTOR <i>Baumann Bros. Inc. Overland, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>1-2-59</i>	26. REGISTRAR'S SIGNATURE <i>Herbert H. Clark, M.D.</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use amyotaxidona nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *David C. Gibson*

Licensed Embalmer No. *3454*
P. O. Address *Overland, Mo.*

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