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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019430

STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar No. 4992

XC 2956169

SL 19361

DIED JUN 4 1959

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 915 N GRAND ST LOUIS MO		c. CITY OR TOWN ST. LOUIS	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET ADM. HOSPITAL		d. STREET ADDRESS (If outside, give location) 5640 CATES	
Length of stay in 1b 61 DAYS		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) ROBERT EARL MAYALL			4. DATE OF DEATH Month Day Year MAY 21 1959		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2-27-94		9. AGE (In years last birthday) 65
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WATCHMAN		10b. KIND OF BUSINESS OR INDUSTRY UNK		11. BIRTHPLACE (City and state or country) PAWTUCKETT RHODE ISLAND	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME CHARLES MAYALL		13b. MOTHER'S MAIDEN NAME LIBBY	
14. NAME OF HUSBAND OR WIFE VIOLA MAYALL		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW II		16. SOCIAL SECURITY NO. 021-12-0425	
17. INFORMANT VA HOSP RECORDS		Address ST. LOUIS, MO.			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DIFFUSE BRONCHOPNEUMONIA			INTERVAL BETWEEN ONSET AND DEATH 3 MONTHS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) EPIDERMOID CARCINOMA OF RIGHT LOWER LOBE WITH WIDESPREAD METASTASES		3 MONTHS
	DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 163x			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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. 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 MARCH 11, 1959 to MAY 21, 1959 and last saw xxx him alive on MAY 21, 1959 Death occurred at 2:50PM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE SHELDON S. SCHOEN, M.D.		22b. ADDRESS VAH, ST. LOUIS, MO.		22c. DATE SIGNED 5-21-59	

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 5/25/59		23c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY		23d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS, MO.	
24. FUNERAL DIRECTOR EDWARD FENDLER		ADDRESS 5611 SO. GRAND BLVD.		25. DATE RECD. BY LOCAL REG. MAY 22 '59		26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *T. O. Humphrey*

Licensed Embalmer No. *#4772*
P. O. Address *Sullivan*

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.