

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS</b>				Length of stay in 1b <b>4 WKS.</b>		c. CITY OR TOWN <b>BRECKENRIDGE HILLS</b>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>JEWISH HOSPITAL</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>3334 EDMUNDSON FIVE</b>	
3. NAME OF DECEASED (Type or print) First <b>Robert</b> Middle <b>GARNER</b> Last <b>Lax</b>				4. DATE OF DEATH Month <b>Nov.</b> Day <b>22</b> Year <b>1960</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>7-5-1889</b>	9. AGE (last birthday) <b>71</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MACHINIST</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>KESSLER CORP</b>		11. BIRTHPLACE (City and state or country) <b>BOLIVAR, TENN.</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Robert Lax</b>			13b. MOTHER'S MAIDEN NAME <b>Anna Cooper</b>			14. NAME OF HUSBAND OR WIFE <b>VESTA DIVORCED.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WW#1</b>			16. SOCIAL SECURITY NO. <b>411-03-7388</b>		17. INFORMANT <b>ROBERT H. LAX 2319 VEMANWAY</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Bilateral lobar pneumonia</b>							<b>2 wk.</b>
DUE TO (b) <b>Multiple Myeloma</b>							<b>4 mos.</b>
DUE TO (c) <b>203x</b>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Hypercalcemia</b>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? -YES- <input type="checkbox"/> NO <input checked="" 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 a.m. p.m.	Month, Day, Year						
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 <b>10/10/27/60</b> to <b>11/22/60</b> and last saw her/him alive on <b>11/22/60</b> . Death occurred at <b>10:10 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Clifford R. Jalluto, M.D.</b>				22b. ADDRESS <b>216 S. Kinashighway</b>		22c. DATE SIGNED <b>11/22/60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		23b. DATE <b>11-25-1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>MEMORIAL PARK</b>		23d. LOCATION (City, town, or county) (State) <b>JENNINGS, Mo.</b>	
24. FUNERAL DIRECTOR <b>Baumann Bros Inc. Overland,</b>				25. DATE RECD. BY LOCAL REG. <b>NOV 23 1960</b>		26. REGISTRAR'S SIGNATURE <b>Earl Smith, M.D.</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed David C. Gib

Licensed Embalmer No. 3457

P. O. Address Carlson

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.