

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-020542

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 162 Primary Registration District No. 5594 Registrar's No. 51

VS 300
Rev. 4/59

10500

240002

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94221

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1286-0

132-0

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</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) <u>RURAL-MERAMEC</u>		c. CITY OR TOWN <u>ST. LOUIS</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>ST. JOSEPH'S Hill INFIRMARY</u>		d. STREET ADDRESS (If outside, give location) <u>8861 WINDOM</u>	
3. NAME OF DECEASED (Type or print) <u>ROBERT ANDREW ALSOP</u>		4. DATE OF DEATH Month <u>MAY</u> Day <u>9</u> Year <u>1963</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</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>10-28-1912</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PAINT SALESMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11a. FATHER'S NAME <u>ROBERT ALSOP</u>		11b. MOTHER'S MAIDEN NAME <u>JOHANNA WHELAN</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>488-05-0727A</u>	
17. INFORMANT <u>BRO. CONRAD</u>		18. NAME OF HUSBAND OR WIFE <u>ROBERTA VAN DOREN</u>	
19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac Decompensation</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic C.V. diseases</u> DUE TO (c) <u>Generalized at. c. CV & Cerebral involvement</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 DAY</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Infective Pulmonary Tac. Bronchial Asthma / minor Cerebrovascular accident</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.)	
20c. TIME OF INJURY Hour <u>3:30</u> a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/>		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.)		20f. CITY, TOWN, OR LOCATION <u>ST. LOUIS MO</u>	
21. I attended the deceased from <u>12/15/1962</u> to <u>5/9/1963</u> and last saw him alive on <u>5/8/63</u> Death occurred at <u>330P</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22. ADDRESS <u>3654 South Grand St. Louis 18th</u>	
22a. SIGNATURE <u>Robert E. Bauer</u> (Degree or title)		22b. DATE SIGNED <u>5/19/63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>5-13-63</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>CALVARY</u>		23d. LOCATION (City, town, or county) <u>ST. LOUIS MO</u>	
24. FUNERAL DIRECTOR <u>ORTMAN & HOME OVERLAND MO</u>		25. DATE RECD. BY LOCAL REG. <u>5-15-63</u>	
26. REGISTRAR'S SIGNATURE <u>Robert E. Bauer</u>			

(Licensed Embalmer's Statement on Reverse Side)

DEC 17 1963
JUN 21 1963

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 Al O Ostmann

Licensed Embalmer No. 3478

P. O. Address _____

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.