

No. 2
1-4-41
-17-39
X28300

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26833
6625

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town St Louis
(c) Name of hospital or institution: St Louis Children's Hospital
(d) Length of stay: In hospital or institution 19 Hours
In this community _____
years, months or days

3. (a) PRINT FULL NAME ROBERT BRUCE COURTNEY
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 5 1939
(Month) (Day) (Year)

8. AGE: Years 2 Months 4 Days 7
If less than one day _____ hr. _____ min.

9. Birthplace St Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business _____

MOTHER FATHER { 12. Name Charles P Courtney
13. Birthplace Butte Montana
14. Maiden name Lottie Wood
15. Birthplace Sparta Illinois

16. (a) Informant Chas P Courtney
(b) Address 4522a San Francisco Ave

17. (a) Burial (b) Date thereof Aug 14 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation NEW BETHEHEM

18. (a) Signature of funeral director Beidervieden Funl Home
(b) Address 1936 St Louis Ave

19. (a) AUG 14 1941 (b) J. W. Beidervieden
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Missouri (b) County 17
(c) City or town St Louis (If outside city or town limits, write "RURAL") 107
(d) Street No. 4522a San Francisco Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12
year 1941 hour 3:45 minutes _____ P.M.
21. I hereby certify that I attended the deceased from Aug. 11 1941
_____ 19 _____ to Aug 12 1941
that I last saw him alive on Aug 12 1941
and that death occurred on the date and hour stated above.

Immediate cause of death cardiac and renal failure
Due to Congenital defect in metabolism of kidneys
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy Hyperplasia of adrenals
Edema of the lungs

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature R. J. Blatter (M. D. or other) 0
Address 509 Kuyper Date signed _____

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No. *3737*

P. O. Address *1936 St. Louis*

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 this body is not embalmed, fact should be so stated above.