

FILED DEC 22 1943

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis Missouri
(b) City or town St. Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis Children's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 1/2 days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Robert Kenneth Stogsdill

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 4 - 1 - 39
(Month) (Day) (Year)

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

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

10. Usual occupation Infant

11. Industry or business _____

12. Name Samuel Stogsdill

13. Birthplace Vienna Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Emogene Maryin

15. Birthplace Camden County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Samuel Stogsdill

(b) Address Washington, Mo.

17. (a) Burial (b) Date thereof 12-10-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington, Mo.

18. (a) Signature of funeral director Albert H. Hoppe, Inc.

(b) Address 4700 Washington Blvd.

19. (a) DEC 9 1943 (b) J.F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 36
(c) City or town Washington (If outside city or town limits, write "RURAL") NR 6
(d) Street No. 414 Fair (If rural, give location) 2
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 8
year 43 hour 12 minute 00 P.M.

21. I hereby certify that I attended the deceased from 12-3-1943 to 12-8-1943
that I last saw him alive on 12-8-43 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema Duration 1 day
Due to Post-operative condition
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Rt. lung Bronchiectasis
Lymphadenoma
Of autopsies None

PHYSICIAN
Underline the cause to which death should be charged statistically.

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? _____

(Specify type of place) (e) Means of injury _____

23. Signature J.P. Blatter (M. D. or other) _____
Address 500 So. Kingshighway Date signed _____

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

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 *Albert G. Hoppe*

Licensed Embalmer No. *112991*

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