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5-17-39  
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#58749  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25871**  
Registrar's No. **6726**

**FILED** AUG 9 1946  
**318**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

1. PLACE OF DEATH:  
(a) County **St. Louis, Mo.**  
(b) City or town **St. Louis, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**ST. LOUIS CITY HOSPITAL - MAX C. STARKLOFF MEMORIAL**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 day**  
(Specify whether \_\_\_\_\_)  
In this community **1**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
Street No. **3847 Olive St.,**  
(If rural, give location) **no**  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **ROBERT WILLIAMS**  
(b) If veteran, name war **---**  
(c) Social Security No. **---**

4. Sex **male** 5. Color or race **white**  
6. (a) Single, widowed, married, divorced **Unknown**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: **January 9th ?**  
(Month) (Day) (Year)

8. AGE: Years **abt - 70** Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Butler County, Missouri,** (City, town, or county) (State or foreign country)

10. Usual occupation **Unknown**

11. Industry or business **Unknown**

12. Name **Unknown**

13. Birthplace **Unknown** (City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **M. Renard**

(b) Address **St. Louis City Hospital**

17. (a) (b) Date thereof **8-19-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Louis City Hospital**

18. (a) Signature of funeral director **W. K. Keller**  
(b) Address **3100 Ridge St.**

19. (a) **AUG 1 1946** (b) **J. F. Bredbeck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **8th**  
year **1946** hour **8:15** minute **P** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to **JULY 8th**, 19\_\_\_\_ **46**  
that I last saw him **in** alive on **JULY 8th**, 19\_\_\_\_ **46**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchogenic carcinoma of left lung**  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) **H7**

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? (Specify type of place) \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Signature **W. H. S. Gerald** (M. P. or other) **1525 LAFAYETTE**  
Address \_\_\_\_\_ Date signed **8/19/46**

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

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

MOTHER FATHER

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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.....

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.**