No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 31 1947

Registration District No. 372

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3063

State File No. 11756

Registrar's No. 667

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis County D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis County

(c) City or town Overland
(If outside city or town limits, write "RURAL")

(d) Street No. 3343 Calvert
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Robert Douglass, Sr.

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex M D

5. Color or race W

6. (a) Single, widowed, married, divorced 2 widowed

6. (b) Name of husband or wife Ida Bell Copeland

6. (c) Age of husband or wife if alive Dcd years

7. Birth date of deceased 3 (Month) - 5 (Day) - 1870 (Year)

8. AGE: Years 77 | Months | Days 14 | If less than one day ..... hr. ..... min.

9. Birthplace Glencoe Co, Ky. (City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business ✓

FATHER
12. Name John J. Douglass
13. Birthplace Ky. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Jane Hayden
15. Birthplace Ky. (City, town, or county) (State or foreign country)

16. (a) Informant Son, E. A. Douglas

(b) Address Overland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-21-47 (Month) (Day) (Year)

(c) Place: burial or cremation Fee Fee Cemetery

18. (a) Signature of funeral director Baumann Bros. Inc.

(b) Address 2504 Woodson Rd. Overland, Mo.

19. (a) 3-24-47 (Date received local registrar) (b) Ruth G. Clem MD (Registrar's signature) MSC

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 19 year 1947 hour 2 minute 20 A.M.

21. I hereby certify that I attended the deceased from March 16th, 1947 to March 19th 1947 that I last saw him alive on March 19th, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Broncho-pneumonia	Surrel week
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Chronic Bronchitis, Arteriosclerotic heart disease	Many years

Major findings:
Of operations None

Of autopsy ~~[illegible]~~ Autopsy refused

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)

While at work? ..... (e) Means of injury O

23. Signature H. Zahlz, MD (M. D. or other)

Address 601 Brentwood Blvd. Date signed 3/19/47

(Licensed Embalmer's Statement on Reverse Side)

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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 14 Mo.

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.