

S. No. 300  
M-10-47  
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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED FEB 9 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

2369

Registration District No. **318** Primary Registration District No. **1003** State File No. \_\_\_\_\_ Registrar's No. **1003**

1. PLACE OF DEATH:  
(a) County **St. Louis MO.**  
(b) City or town **St. Louis**  
(c) Name of hospital or institution **1320 S. Euclid**  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME **Robert Pine**  
(b) If veteran \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_  
name war \_\_\_\_\_

4. Sex **Male** race **White**  
5. **Married** 6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife **Wm K** 6. (c) Age of husband or wife if alive \_\_\_\_\_

7. Birth date of deceased \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ by \_\_\_\_\_ min.

9. Birthplace **W. Va.** (City, town, or county) **W. Va.** (State or foreign country)

10. Usual occupation **Welder**

11. Industry or business **Welder**

12. Name **Wm K** 13. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

14. Maiden name **Wm K** 15. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

16. (a) Informant **Wm K** (b) Address **300 Clark**

17. (a) **Burial** (b) Date thereof **Mar 31 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Anatomical Board**

18. (a) Signature of funeral director **J. P. Rowland** (b) Address **4104 MANCHESTER**

19. (a) **1/31/48** (Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **MO.** (b) County **St. Louis**  
(c) City or town **St. Louis**  
(d) Street No. **1320 S. Euclid**  
**23** (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Jan** day **24** year **1948** hour **7** minutes **53** M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
Due to **Lobar Pneumonia**  
Due to **1008 W. M. A**  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_ Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
Signature **J. P. Rowland** (M. D. or other) \_\_\_\_\_  
Address **4104 Manchester** Date signed **1/29/48**

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 Ralph W Henson

Licensed Embalmer No. 3791

P. O. Address St. Louis, 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.**