

FILED MAY 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14495**
3871
Registrar's No. **1003**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
1. PLACE OF DEATH a. COUNTY: <u>Missouri Baptist Hospital</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: <u>MO</u> b. COUNTY: _____		
b. CITY (If outside corporate limits, write RURAL and give township): <u>ST LOUIS MO</u>		c. CITY (If outside corporate limits, write RURAL and give township): <u>ST LOUIS MO</u>		e. LENGTH OF STAY (in this place): <u>2 1/2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Missouri Baptist Hosp</u>			d. STREET ADDRESS (If rural, give location): <u>5001 ENRIGHT</u>		
3. NAME OF DECEASED (Type or Print) a. (First): <u>ROBERT</u>		b. (Middle): <u>W</u>		c. (Last): <u>ERWIN</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 25 1950</u>		5. SEX: <u>M</u>		6. COLOR OR RACE: <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): <u>MARRIED</u>		8. DATE OF BIRTH: <u>Aug 7 1870</u>		9. AGE (In years last birthday): <u>79</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY: _____		11. BIRTHPLACE (State or foreign country): <u>Ill</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME: <u>Wm ERWIN</u>		13b. MOTHER'S MAIDEN NAME: <u>MARY REDISH</u>	
14. NAME OF HUSBAND OR WIFE: <u>HENRIETTA MEY</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): <u>NO</u>		16. SOCIAL SECURITY NO.: <u>NINE</u>	
17. INFORMANT'S SIGNATURE OR NAME: <u>HENRIETTA ERWIN</u>		17. ADDRESS: <u>5001 ENRIGHT</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): <u>Carcinoma Col</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b): <u>Carcinoma Prostate</u>		DUE TO (c): _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION: _____		19b. MAJOR FINDINGS OF OPERATION: _____	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify): _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): _____	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): <u>1711</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min): _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>May 19 46</u> , to <u>4-25 1950</u> , that I last saw the deceased alive on <u>4-25 1950</u> , and that death occurred at <u>5-45 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE: <u>W. B. Fasater</u>		(Degree or title): <u>M.D.</u>		23b. ADDRESS: <u>607 N grand</u>	
23c. DATE SIGNED: <u>4-27-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify): _____		24b. DATE: <u>4 28 50</u>	
24c. NAME OF CEMETERY OR CREMATORY: <u>RESURRECTION CEM</u>		24d. LOCATION (City, town, or county) (State): <u>St Louis</u>			
DATE REC'D BY LOCAL REG.: <u>APR 27 1950</u>		REGISTRAR'S SIGNATURE: <u>W. B. Fasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE: <u>King Hamble</u>	
ADDRESS: <u>3819 S Main</u>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed George J. Kingbeemuhl

Licensed Embalmer No. 4611

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.