

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35035

FILED NOV 8 1951

1003

State File No. ....

BIRTH NO. - 71772-51 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. Registrar's No. 9548

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS, MO</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (in this place) <b>6</b>		2069	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. ANN'S ORPHANAGE</b>		d. STREET ADDRESS (If rural, give location) <b>5301 Page Blvd</b>	
3. NAME OF DECEASED a. (First) <b>Robert</b> b. (Middle) <b>STEPHEN</b> c. (Last) <b>FONES</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>10 27 1951</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>1</b>	8. DATE OF BIRTH <b>10/27/51</b>
9. AGE (In years last birthday) <b>—</b>		if UNDER 1 YEAR <b>—</b>	if UNDER 12 HOURS <b>3</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Nil</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <b>UNKNOWN</b>	
13b. MOTHER'S MAIDEN NAME <b>NORMA PATRICIA FONES</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Sister Mary Helen</b>		ADDRESS <b>6301 Page Blvd</b>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Atelectasis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 hrs 20 m.</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Prematurity</b>		
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <b>7625</b>

22. I hereby certify that I attended the deceased from **Oct 27, 1951**, to **Oct 27, 1951**, that I last saw the deceased alive on **Oct 27, 1951**, and that death occurred at **7:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE **Jackson Gto. M.D.** (Degree or title) 23b. ADDRESS **634 N. Grand** 23c. DATE SIGNED **10/28/51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Oct 30, 1951** 24c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

DATE REC'D BY LOCAL REG. **OCT 29 1951** REGISTRAR'S SIGNATURE **J. Carl Smith, M.D.** FUNERAL DIRECTOR'S SIGNATURE **J. P. Arthur J. Connelly** ADDRESS **2840 Lindele Blvd.**

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 me

working under my personal supervision.

Student Embalmer No. ....

Signed [Signature]

Signed.....  
Student Embalmer

Licensed Embalmer No. 4699

P. O. Address [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.