

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22459

State File No. ....

JUL 9 1952

318

1003

Registrar's No. 6007

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. ....	
1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u> )			
b. CITY OR TOWN <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>St. Louis</u>		2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Infirmary</u>				d. STREET ADDRESS (If rural, give location) <u>21 2628a Stoddard St.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Robert</u>		b. (Middle) <u>J.</u>		c. (Last) <u>Oliver</u>	
4. DATE OF DEATH		(Month) <u>6</u>		(Day) <u>23</u>		(Year) <u>52</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>12-8-1885</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>labor</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Camden Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Oliver</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Ritchardson</u>		14. NAME OF HUSBAND OR WIFE <u>Della Oliver</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify number) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>499-01-6643</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Della Oliver 2628a Stoddard</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
*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) <u>Generalized Carcinomatosis</u>				<u>June '52</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Prostate</u>				<u>April '52</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 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>177X</u>			
22. I hereby certify that I attended the deceased from <u>April, 1952</u> , to <u>6-23, 1952</u> , that I last saw the deceased alive on <u>6-23, 1952</u> , and that death occurred at <u>8:35 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. L. Sherard, M.D.</u>				23b. ADDRESS <u>2702a Franklin</u>		23c. DATE SIGNED <u>6-25-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-27-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington P. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Missouri</u>	
DATE REC'D BY LOCAL REG. <u>JUN 26 1952</u>		REGISTRAR'S SIGNATURE <u>J. C. Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jackson Funeral Home 2649 Delmar</u>			

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 Leroy W. Jannister

Licensed Embalmer No. 4523

P. O. Address 3880 Ector

**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.