

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 31 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6751**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5718 Maple Ave.		d. STREET ADDRESS (If rural, give location) 5718 Maple Ave.	
3. NAME OF DECEASED a. (First) Stanley		b. (Middle) Robert	
c. (Last) Caruthers		4. DATE OF DEATH (Month) (Day) (Year) July 7, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Aug. 3, 1899
9. AGE (In years last birthday) 53		10. MONTH 11	10. DAY 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Small Contractor		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Robert Caruthers		13b. MOTHER'S MAIDEN NAME Lula Young	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 1917-1919	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Ray Caruthers ADDRESS 126 N.W. 99th St. Miami Shores, Florida	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound of right lung and liver; self inflicted, at his home, about 9:30 am July 7, 1953 DUE TO (b) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1953	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Suicide	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) Suicide	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 7 53 9:30 am		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? E976X		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1059 A.M. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Walter J. Smith M.D.		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 7/8/53		24. BURIAL, CREMATION, REMOVAL (Specify) CreMation	
24b. DATE 7/9/53		24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		25. FEDERAL DIRECTOR'S SIGNATURE W. J. Smith ADDRESS 1225 Union	
DATE REC'D BY LOCAL REG. JUL 8 1953		REGISTRAR'S SIGNATURE W. J. Smith	

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

Melvin J. Kerper

Licensed Embalmer No. 405-2

P. O. Address. 3505 Oakdale

St. Louis 20, 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.