

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6075

State File No. ....

1669

BIRTH NO. FILED MAR 8 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. ....

1. PLACE OF DEATH  
a. COUNTY MISSOURI

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) ST. LOUIS, MO.  
c. LENGTH OF STAY (in this place) 10 Days

c. CITY OR TOWN ST. LOUIS, MO.  
d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) MISSOURI - PACIFIC HOSP.

e. STREET ADDRESS (If rural, give location) 2745 Russell Ave. 2237

3. NAME OF DECEASED (Type or Print)  
a. (First) ROBERT b. (Middle) SEYMOUR c. (Last) DAVIS

4. DATE OF DEATH (Month) (Day) (Year) 2-19-54

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH Aug. 25-1878

9. AGE (In years last birthday) (If under 1 year: Months Days) (If under 18 hrs: Hours Min.) 75

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER

10b. KIND OF BUSINESS OR INDUSTRY RAILROAD

11. BIRTH PLACE (City and State or Foreign Country) MISSOURI

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME WILLIAM DAVIS

13b. MOTHER'S MAIDEN NAME SALLY SUTTON

14. NAME OF HUSBAND OR WIFE OLIVE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (No, or unknown) (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS OLIVE DAVIS, 2745 Russell, St. Louis, Mo.

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.*

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) CHRONIC GLOMERULONEPHRITIS  
INTERVAL BETWEEN ONSET AND DEATH 2 YEARS  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (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  NO

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) (Minute)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? 592X

22. I hereby certify that I attended the deceased from FEB. 9, 1954, to FEB. 19, 1954, that I last saw the deceased alive on FEB. 19, 1954, and that death occurred at 8:35 p. m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) Clement J. Kielbaso, MD.

23b. ADDRESS No. Pac. Hosp. Assn.

23c. DATE SIGNED 2-20-54

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

24b. DATE 2-22-1954

24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery

24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri

DATE REC'D BY LOCAL FEB 23 1954

REGISTRAR'S SIGNATURE J. Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLAUGHLIN FUNERAL HOME, INC. 2301 Lafayette, St. Louis 4, Missouri

(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.....  
Signature of Student Embalmer

Signed *H. Y. Jarrin*.....

Licensed Embalmer No. *33*.....  
P. O. Address *2301 Lafayette*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.