

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39172**  
**8812**  
Registrar's No. \_\_\_\_\_

FILED NOV 22 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>MO</b> COUNTY <b>ST LOUIS</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>   |   | c. LENGTH OF STAY (If in this place) <b>5 WKS</b>   | c. CITY OR TOWN <b>LEMAY 4850</b>  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>FIRMIN DESLOGE HO.S.P.</b>   |   | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>              |  |
| e. STREET ADDRESS (If rural, give location) <b>RR # 8 - Box 2130</b>  |   |   |  |
| 3. NAME OF DECEASED (Type or Print)   | a. (First) <b>FRANK</b>   | b. (Middle)   | c. (Last) <b>Robidoux</b>  |
| 4. DATE OF DEATH (Month) (Day) (Year)   | <b>9 27 54</b>  |   |  |
| 5. SEX <b>M</b>   | 6. COLOR OR RACE <b>W</b>   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>   | 8. DATE OF BIRTH <b>1-4-1877</b>   |
| 9. AGE (In years last birthday) <b>77</b>   | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>WIRE CHIEF (RET.)</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>TELEPHONE</b>  | 11. BIRTHPLACE (City and State or Foreign Country) <b>ST LOUIS MO</b>            |
| 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>   | 13a. FATHER'S NAME <b>JOSEPH ROBIDOUX</b>   | 13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>  | 14. NAME OF HUSBAND OR WIFE <b>MARY ROBIDOUX</b>                                 |
| 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>Mrs. J. Klein - Trucola Ill</b> ADDRESS _____  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  |   | MEDICAL CERTIFICATION   |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Esophagus</b>  |   | INTERVAL BETWEEN ONSET AND DEATH  |  |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  |   |   |  |
| 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 <b>9/24/54</b>   | 19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of Esophagus</b>  |   | 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) (Min.)  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>              | 21f. HOW DID INJURY OCCUR? <b>150X</b>  |  |
| 22. I hereby certify that I attended the deceased from <b>9/24</b> , 19 <b>54</b> , to <b>9/27</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>9/27</b> , 19 <b>54</b> , and that death occurred at <b>12:30 P.M.</b> , from the causes and on the date stated above. |   |   |  |
| 23a. SIGNATURE <b>Edgar B. Clutter</b> (Degree or title) <b>MD</b>  |   | 23b. ADDRESS <b>FIRMIN Desloge Hospital ST. LOUIS, Missouri</b>   |  |
| 23c. DATE SIGNED <b>9/27/54</b>   |   |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>   | 24b. DATE <b>9-30-54</b>  | 24c. NAME OF CEMETERY OR CREMATORY <b>S.S. PETERY PAUL</b>  | 24d. LOCATION (City, town, or county) (State) <b>ST LOUIS MO.</b>                |
| DATE REC'D BY LOCAL REG. <b>SEP 28 1954</b>   | REGISTRAR'S SIGNATURE <b>Carl Smith</b>   | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter F. Home Webster</b> ADDRESS <b>Mo.</b>   |  |

(Licensed Embalmer's Statement on Reverse Side)

---

---

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.....  
*Leslie Welch*

Licensed Embalmer No. *43*

P. O. Address.....  
*Wabster G.*

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.