

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **44114**  
**12007**

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. \_\_\_\_\_

**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, give TOWNSHIP only) OR TOWN **St. Louis, Missouri** Inside Limits Yes  No

c. CITY OR TOWN **St. Louis,** Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Mo Baptist Hospital** Length of stay in hospital \_\_\_\_\_

STREET ADDRESS **4510 Forest Park Blvd** (If outside, give location) Reside on Farm Yes  No

**3. NAME OF DECEASED** (Type or print)  
First **Robert** Middle **W.** Last **Wilson**

**4. DATE OF DEATH**  
Month **Dec** Day **28** Year **1956**

**5. SEX** Male  Female   
**6. COLOR OR RACE** **White**

**7. MARRIED**  NEVER MARRIED   
WIDOWED  DIVORCED

**8. DATE OF BIRTH** **Sept. 9, 1885**

**9. AGE (In years last birthday)** **71**

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

**10b. KIND OF BUSINESS OR INDUSTRY** **Cupples Co.**

**11. BIRTHPLACE** (City and state or country) **Flemington, New Jersey**

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

**13. FATHER'S NAME** **Unknown**

**14. MOTHER'S MAIDEN NAME** **Unknown**

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

**16. SOCIAL SECURITY NO.** **493-10-0597**

**17. INFORMANT** **Cora L. Milz, 964 Curwood Dr.** Address \_\_\_\_\_

**18. CAUSE OF DEATH** [Enter only one cause per line for (a), (b), and (c).]  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **Cerebral Thrombosis**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
DUE TO (b) **C-U accident right side**

DUE TO (c) \_\_\_\_\_

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) \_\_\_\_\_

**19. WAS AUTOPSY PERFORMED?** YES  NO

**20a. ACCIDENT**  **SUICIDE**  **HOMICIDE**

**20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in Part I or Part II of item 18.) \_\_\_\_\_

**20c. TIME OF INJURY** Hour \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
a. m. \_\_\_\_\_ p. m. \_\_\_\_\_

**20d. INJURY OCCURRED** WHILE AT WORK  NOT WHILE AT WORK

**20e. PLACE OF INJURY** (e. g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_

**20f. CITY, TOWN, OR LOCATION** \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

**21. I attended the deceased from** **12-17-56**, to **12/28-56** and last saw <sup>him</sup> **live on 12/28-56**  
Death occurred at **9:15 AM** m on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title) **W. Hollerue**

**22b. ADDRESS** **3720 Washington**

**22c. DATE SIGNED** **12/29/56**

**23a. BURIAL, CREMATION, REMOVAL (Specify)** **Cremation**

**23b. DATE** **12-31-56**

**23c. NAME OF CEMETERY OR CREMATORY** **Valhalla Crematory**

**23d. LOCATION** (City, town, or county) (State) **St. Louis County, Mo.**

**24. FUNERAL DIRECTOR** **Albert H. Hoppe** ADDRESS **4700 Washington,**

**25. DATE RECD. BY LOCAL REG.** **DEC 29 1956**

**26. REGISTRAR'S SIGNATURE** **J. Carl Smith, M.D.**

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes.

diseases in Part I must be causally related.

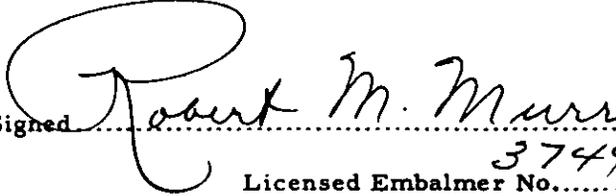
MEDICAL CERTIFICATION

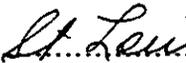
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STATEMENT BY LICENSED EMBALMER

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 .....  
Licensed Embalmer No..... 3749

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.