

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-023682  
State File No.

FILED JUN 27 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6035**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give township)		a. STATE Missouri b. COUNTY <b>St. Charles</b>	
c. CITY OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Charles</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
24 HOSPITAL OR INSTITUTION <b>St. Louis Children's Hospital</b>		• STREET ADDRESS <b>224 Transit</b> (If rural, give location) <b>023</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Alan</b>	b. (Middle) <b>Dean</b>	c. (Last) <b>Robison</b>	4. DATE OF DEATH (Month) (Day) (Year)
				<b>June 11 1958</b>

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Mar. 31, 1957</b>	9. AGE (In years last birthday) <b>1 yr.</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Charles, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>Norman Eugene Robison</b>	13b. MOTHER'S MAIDEN NAME <b>Arlena Purgahn</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Jane Henrichsen</b>	ADDRESS <b>-500 S. Kingshighway</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchopneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cong HT Disease, Unknown type</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c) <b>Multiple Cong Anomalies, Subarachnoid hemorrhage, INTERVENTRICULAR HEMORRHAGE</b>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>754.5</b>		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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)
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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?
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22. I hereby certify that I attended the deceased from **6-7**, 19**58**, to **6-11**, 19**58**, that I last saw the deceased alive on **6-11**, 19**58**, and that death occurred at **3:03p** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Barbara Jones, M.D.</b> (Degree or title)	23b. ADDRESS <b>500 S. Kingshighway</b>	23c. DATE SIGNED <b>6/11/58</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	24b. DATE <b>6-12-58</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Charles Missouri</b>
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DATE RECEIVED SOCIAL REG. <b>JUN 12 1958</b>	REGISTRAR'S SIGNATURE <b>Carl Smith M.D. Registrar</b>	FUNERAL DIRECTOR'S SIGNATURE <b>Prinster Hughes Funeral Home</b>	ADDRESS <b>St Charles mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

