

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042446

STATE FILE NUMBER

10453

FILED NOV 20 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

300
1-57

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, Mo.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION De Paul Hospital		Length of stay in lb 2 yrs	d. STREET ADDRESS (If outside, give location) 530 N. Union Blvd.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Robert Middle Samuel Last Woodburn			4. DATE OF DEATH Month 10 Day 29 Year 58		
5. SEX Male <input checked="" type="radio"/>	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan 4, 1897		9. AGE (In years last birthday) 61
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Structural Steel Specialist		10b. KIND OF BUSINESS OR INDUSTRY Bank Equip. Co.	11. BIRTHPLACE (City and state or country) Buffalo, N.Y.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Robert Samuel Woodburn		13b. MOTHER'S MAIDEN NAME Mary Siebert		14. NAME OF HUSBAND OR WIFE Florence T. Woodburn	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No <input checked="" type="checkbox"/> NA		16. SOCIAL SECURITY NO. 104-09-0019		17. INFORMANT Address Florence Woodburn 530 N. Union Blvd.	
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 Hemorrhage - from metastases of: Malignant melanoma Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Malignant melanoma DUE TO (c) Generalized Metastases - Lung, Liver, etc. Malignant melanoma					INTERVAL BETWEEN ONSET AND DEATH 8 Days 6 Months 6 Months
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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 190.9		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 Jan 1958 to Oct 29, 1958 and last saw him alive on 10-29-58 Death occurred at 8:15 pm 10-29-58 m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Richard J. McCalland MD (Degree or title)			22b. ADDRESS 8515 Dalmat St. Louis 24, Mo		22c. DATE SIGNED 10-30-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11-1-58	23c. NAME OF CEMETERY OR CREMATORY Queen of Heaven Cemetery		23d. LOCATION (City, town, or county) (State) Pittsburgh, Pa.
24. FUNERAL DIRECTOR Albert H. Hoppe 4700 Washington Blvd.			25. DATE RECD. BY LOCAL REG. OCT 3 1958	26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Melvin L. Kempel*

Licensed Embalmer No. *4052*

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