

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-045586

STATE FILE NUMBER  
12156

REGISTRATION DISTRICT NO. 318 PRIMARY REGISTRATION DISTRICT NO. 1003

FILED JAN 12 1959

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes # No <input type="checkbox"/>	c. CITY OR TOWN St. Ann, 4070
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION De Paul		Length of stay in lb 1 Month	d. STREET ADDRESS (If outside, give location) 27 4115 Banks Rd.
3. NAME OF DECEASED (Type or print) First Middle Last Robert D. Dohogne		4. DATE OF DEATH Month Day Year Dec. 16, 1958	
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 1 1940
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY School	11. BIRTHPLACE (City and state or country) St. Louis Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. NAME OF FATHER'S NAME Arthur Dohogne	
13b. MOTHER'S MAIDEN NAME Elsie Vance		14. NAME OF HUSBAND OR WIFE Single	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) No		16. SOCIAL SECURITY NO. 491-40-3248	17. INFORMANT Arthur Dohogne 4115 Banks Rd. St. Ann Mo
18. CAUSE OF DEATH (Enter only one cause pertaining for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Fracture of Skull</i> DUE TO (b) <i>Brain Injury E 835.4 22</i> DUE TO (c) <i>Aspirational Pneumonia</i>			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>suppered when crushed</i>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter date of injury in PART V or PART II, article 18.) <i>while working in driveway</i>		
20c. TIME OF INJURY Hour Month, Day, Year <i>230 p.m. 11 1958</i>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.) <i>Driveway Home</i>		
20e. CITY, TOWN, OR LOCATION <i>St. Ann Mo</i>	20f. COUNTY STATE		
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <i>905 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree title) <i>Patrick E. Taylor, Coroner 3</i>		22b. ADDRESS <i>300 Clark</i>	
22c. DATE SIGNED <i>12/17/58</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>12/19/58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>St. Ann, Mo.</i>
24. FUNERAL DIRECTOR <i>Collier Mortuary, St. Ann, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>DEC 17 '58</i>	26. REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

**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 *Sheldon Collier*

Licensed Embalmer No. *3382*

P. O. Address *St. Ann.*

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.