

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUN 27 1960

318

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6152

=60-025128

STATE FILE NUMBER

Registration District No.

Primary Registration District No.

Registrar's No.

INDEXED

1. PLACE OF DEATH a. COUNTY <i>St. Louis Mo</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>St. Louis Mo</i>		Length of stay in 1b	
c. FULL NAME OF (If NOT in hospital, give location) <i>3732 Owens Av</i>		d. STREET ADDRESS (If outside, give location) <i>3821 K. Page</i>	
3. NAME OF DECEASED (Type or print) First <i>Robert</i> Middle <i>Wright</i> Last		4. DATE OF DEATH Month <i>5</i> Day <i>9</i> Year <i>60</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Lawyer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Self</i>	
11. BIRTHPLACE (City and state or country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Self</i>		13b. MOTHER'S MAIDEN NAME <i>Self</i>	
14. NAME OF HUSBAND OR WIFE <i>Self</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>Self</i>	
16. SOCIAL SECURITY NO. <i>Self</i>		17. INFORMANT <i>H. C. Clark 1300 Clark</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Ruptured liver & Right Kidney; Juffered</i> DUE TO (b) <i>When Run over by truck operated by</i> DUE TO (c) <i>Operator - new front of about 3732 Owens St.</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. <i>et al 6:55 P.M. May 9, 1960 Criminal Carelessness</i>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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 nature of injury in PART I or PART II of item 18.) <i>Run over by</i>	
20c. TIME OF INJURY Hour <i>6:55</i> m. <i>P.M.</i> Month <i>5</i> Day <i>9</i> Year <i>60</i>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>STREET</i>		20f. CITY, TOWN, OR LOCATION <i>St. Louis</i>
21. I attended the deceased from <i>4:00 PM</i> to <i>4:00 PM</i> and last saw him alive on <i>5/9/60</i>		21. Death occurred at <i>4:00 PM</i> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>Ray M. ...</i>		22b. ADDRESS <i>1300 Clark</i>	
22c. DATE SIGNED <i>5-21-60</i>		22d. SIGNATURE <i>Lead Smith, M.D.</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>JUN 30 1960</i>	23b. NAME OF CEMETERY OR CREMATORY <i>Anatomical Board</i>	23c. LOCATION (City, town, or county) <i>St. Louis, Mo.</i>	
24. FUNERAL DIRECTOR <i>Rowland Mortuary Svc. 4104-06 Manchester</i>		25. DATE RECD. BY LOCAL REG. <i>JUN 16 1960</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

m o b

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.