

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

318 1003

63-037496

STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's No. 9828

FILED OCT 10 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		a. STATE Missouri b. COUNTY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hospital		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3909a Page Blvd.	
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last ROBERT Lee DONALDSON			4. DATE OF DEATH Month Day Year Oct. 1, 1963		
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-7-1926	9. AGE (last birthday) 37	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Gibson, Tennessee	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Herschel Donaldson		13b. MOTHER'S MAIDEN NAME Catherine Scott	
14. NAME OF HUSBAND OR WIFE Dottie L. Donaldson		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW-2		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs Dottie Lee Donaldson-3909a Page Blvd.		17. 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) Gastro-intestinal hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 2 days
DUE TO (b) Acute renal ulcer suspected		
DUE TO (c) 5410		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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 type="checkbox"/> NO <input checked="" 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.)
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <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 Gibson		COUNTY STATE

21. I attended the deceased from **Sept 30-63** to **Oct 1-63** and last saw him alive on **Sept 30-63**
Death occurred at **840 a** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Carl E. Leichter M.D.	22b. ADDRESS 457 N. Kings Highway	22c. DATE SIGNED Oct 1-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-4-63	23c. NAME OF CEMETERY OR CREMATORY Gibson, Tennessee
23d. LOCATION (City, town, or county) Gibson, Tennessee	24. FUNERAL DIRECTOR G. Wade Granberry	25. DATE RECD. BY LOCAL REG. OCT 2 1963
24. ADDRESS 4202 Finney Ave.,	26. REGISTRAR'S SIGNATURE Loan Smith M.D.	

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 2 3 4 5 6 7 8 9 10 11 12 13

DATE AMENDED

21/19

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

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 Edward A. Flynn

Licensed Embalmer No. 4444

P. O. Address 4202 Finney Ave.

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.