

FILED JUN 7 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17639**

BIRTH NO. **25516-49** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1002** Registrar's No. **4771**

1. PLACE OF DEATH a. COUNTY <b>Missouri</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO</b> b. COUNTY <b>ada</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis 8</b>	c. LENGTH OF STAY (in this place) <b>1 day</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b> <b>17</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis Childrens</b>		d. STREET ADDRESS (If rural, give location) <b>2626 2608 Hadley</b> <b>8</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Steven</b> b. (Middle) <b>Wale</b> c. (Last) <b>Roberts</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>5-30-49</b>
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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>4-9-49</b>	9. AGE (In years last birthday) <b>1</b> IF UNDER 1 YEAR Months <b>21</b> IF UNDER 24 HOURS Days <b>21</b> IF UNDER 24 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	11. BIRTHPLACE (State or foreign country) <b>St. Louis Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>
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13a. FATHER'S NAME <b>Paul Roberts</b>	13b. MOTHER'S MAIDEN NAME <b>Marjorie Robertson</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>J. Hoppe</b>	ADDRESS <b>500 So. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>congenital heart disease</b> <b>(Infantile coarctation of the aorta)</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) <b>1572</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>7:00 pm</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>7544</b>
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22. I hereby certify that I attended the deceased from **5-30-49**, 19**49**, to **5-30**, 19**49**, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **6 p m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>William H. Klingberg MD</b>	23b. ADDRESS <b>500 So. Kingshighway</b>	23c. DATE SIGNED <b>5/30/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>5-31-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Paragould, Ark.</b>	24d. LOCATION (City, town, or county) (State) <b>Ark.</b>
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DATE REC'D BY LOCAL REG. <b>MAY 31 1949</b>	REGISTRAR'S SIGNATURE <b>J. B. Foster</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe</b>	ADDRESS <b>4700 Washington Blvd.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.....

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No. ....  
Signed *Robert M. Murray*.....  
Licensed Embalmer No. *3749*.....  
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 this body is not embalmed, fact should be so stated above.