

FILED JAN 17 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43849

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>0317</u>		PRIMARY REG. DIST. NO. <u>3062</u>		Registrar's No. <u>3120</u>		
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights</u> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1117 Claytonia avenue</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>ST LOUIS</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights</u> d. STREET ADDRESS (If rural, give location) <u>1117 Claytonia aven</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u> b. (Middle) _____ c. (Last) <u>ROBERTS</u>			4. DATE OF DEATH (Month) <u>12</u> (Day) <u>22</u> (Year) <u>50</u>					
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>1-12-1876</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		9. AGE (In years last birthday) <u>74</u> If under 1 year: Months <u>11</u> Days <u>10</u> If under 12 hrs. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <u>Ottumwa, Iowa</u>	
13a. FATHER'S NAME <u>Henry Lami</u>			13b. MOTHER'S MAIDEN NAME <u>Kate Yung</u>			14. NAME OF HUSBAND OR WIFE <u>Wm. K. Roberts</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Valada Hopstetter</u> ADDRESS <u>8709 Red Bud</u>				
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, asthenia, etc. It means the disease, injury, or complication which caused death.								
MEDICAL CERTIFICATION								
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>9 mo.</u>				
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES				
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Hypertension</u> <u>2 years</u>				
				DUE TO (c) <u>Generalized arteriosclerosis</u> <u>2 yrs.</u>				
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 _____						
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) <u>4200</u> (COUNTY) _____ (STATE) _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>April 10</u> , 19 <u>50</u> , to <u>Dec. 22</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Dec. 22</u> , 19 <u>50</u> , and that death occurred at <u>4:15 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Therese A. Dill</u> (Degree or title) _____				23b. ADDRESS <u>7346 Manchester</u>		23c. DATE SIGNED <u>12-23-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>12-26-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo</u>		
DATE REC'D BY LOCAL REG. <u>12/26/50</u>		REGISTRAR'S SIGNATURE <u>Robert P. Tomke MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jay B. Smith</u> ADDRESS <u>7450 Manchester Maplewood, Mo.</u>				

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 17 1951

ENGLEWOOD  
JAN 16 1951

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.

Student Embalmer No.....

Signed W.P. Burgess

Signed.....  
Student Embalmer

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.