

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21411
5471

FILED JUN 29 1951

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Homer Phillips		d. STREET ADDRESS (If rural, give location) 10 South Rankin	

3. NAME OF DECEASED (Type or Print) Walter	a. (First)	b. (Middle)	c. (Last) Roberts	4. DATE OF DEATH (Month) (Day) (Year) June 10 1951
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5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH December 22, 1885	9. AGE (In years, Month, Day) 65 6 12	IF UNDER 1 YEAR Hours Min.	IF UNDER 10 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter		10b. KIND OF BUSINESS OR INDUSTRY Tyler Grove Bank		11. BIRTHPLACE (State or foreign country) Nashville, Tennessee		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Albert Roberts	13b. MOTHER'S MAIDEN NAME Martha Roberts	14. NAME OF HUSBAND OR WIFE Parthenia Roberts
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If reserve war or date of service) NO	16. SOCIAL SECURITY NO. 497-30-0829	17. INFORMANT'S SIGNATURE OR NAME Mattie Haynes	ADDRESS 6170 Bertha
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart Disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Hypertension		
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)
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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? HtHx
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22. I hereby certify that I attended the deceased from **June 8, 1951**, to **June 10, 1951**, that I last saw the deceased alive on **June 10, 1951**, and that death occurred at **10 A** m., from the causes and on the date stated above.

23a. SIGNATURE L.B. Howell M.D.	(Degree or title)	23b. ADDRESS 2902 Rockwell	23c. DATE SIGNED 6-16-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-16-51	24c. NAME OF CEMETERY OR CREMATORY Oakdale Cemetery	24d. LOCATION (City, town, or county) (State) Lemay, Missouri
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUN 15 1951 J.B. Lasater	25. FUNERAL DIRECTOR'S SIGNATURE E.B. Roane	ADDRESS 1221 N. Grand Blvd
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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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Clarence Croam

Licensed Embalmer No. 7755

P. O. Address 1221 N. Gro

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.