

FILED NOV 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35546

318

1003

9616

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		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 OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 4 1/2 YRS		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		R259	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1801 Delmar				d. STREET ADDRESS (If rural, give location) 308 Laurel			
3. NAME OF DECEASED (Type or Print) PAUL		b. (Middle)		c. (Last) ROBERTS		4. DATE OF DEATH (Month) (Day) (Year) 10 / 29 / 51	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH March 15, 1880		9. AGE (In years last birthday) 71	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manufacturer		10b. KIND OF BUSINESS OR INDUSTRY Metal Products		11. BIRTHPLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Herschel Roberts			13b. MOTHER'S MAIDEN NAME Siva Unknown			14. NAME OF HUSBAND OR WIFE Fannye Rose Roberts	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Fannye Roberts 308 Laurel			
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.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY THROMBOSIS ANTECEDENT CAUSES DUE TO (b) CORONARY ARTERIOSCLEROSIS YEARS DUE TO (c) GEN. ARTERIOSCLEROSIS YEARS 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CARDIAC DECOMPENSATION 1 YEAR				INTERVAL BETWEEN ONSET AND DEATH 5 MIN.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H201			
22. I hereby certify that I attended the deceased from 11/28, 1938, to 10/30, 1951, that I last saw the deceased alive on 10/29, 1951, and that death occurred at 11:30 a.m., from the causes and on the date stated above.							
23a. SIGNATURE Mark S. Franklin (Degree or title)				23b. ADDRESS 4063 1/2 N. Grand		23c. DATE SIGNED 10/30/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/31/1951		24c. NAME OF CEMETERY OR CREMATORY B'nai Amoona Cem.		24d. LOCATION (City, town, or county) (State) University City, Mo	
DATE RECD. BY LOCAL REGISTRAR'S SIGNATURE [Signature]				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berger Memorial 4715 McPherson Ave.			

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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.....

James A. Rudberg

Licensed Embalmer No. 4229

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