

8121

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED FEB 25 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 480

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| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____ | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | |
| c. LENGTH OF STAY (In this place) <u>10 days</u> | | d. STREET ADDRESS (If rural, give location) <u>5 5905 Etzel Avenue.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>721 Ieland Avenue.</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>GERTRUDE</u> b. (Middle) _____ c. (Last) <u>ROBERTS.</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 7, 1953</u> |
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| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>March 29, 1879</u> | 9. AGE (In years last birthday) <u>73</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
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| 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 <u>At Home</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Boone County Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Morgan Reams</u> | 13b. MOTHER'S MAIDEN NAME <u>Catherine</u> | 14. NAME OF HUSBAND OR WIFE <u>Calvin A. Roberts</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Harold L. Roberts</u> | ADDRESS <u>5905 Etzel Avenue.</u> |
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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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Systemic Arteriosclerosis</u> | | |
| | DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u> | | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>2-7-53 1032a.</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? _____ |
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22. I hereby certify that I attended the deceased from 1946, to 2-7-53, that I last saw the deceased alive on 2-7-53, and that death occurred at 11:55 P.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>H. G. Kitchener M.D.</u> | 23b. ADDRESS <u>35 N Central Clayton</u> | 23c. DATE SIGNED <u>2-9-53</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>Feb 10, 1953</u> | 24c. NAME OF CEMETERY, OR CREMATORY <u>Centralia Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Centralia, Missouri.</u> |
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| DATE REC'D BY LOCAL REG. <u>2-9-53</u> | REGISTRAR'S SIGNATURE <u>Herbert R. Donike M.D.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Shepard Funeral Home</u> | ADDRESS <u>1167 Hamilton Ave</u> |
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15. (Licensed Embalmer's Statement on Reverse Side)

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 _____

Licensed Embalmer No. *4788*

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.