

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30372**  
**7292**  
Registrar's No. ....

FILED AUG 31 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY OR TOWN <b>ST. LOUIS</b>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>MAPLEWOOD</b>	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MISSOURI PACIFIC HOSP</b>		e. STREET ADDRESS (If rural, give location) <b>2286 YALE AVE</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>FRANK</b>	b. (Middle) <b>MARION</b>	c. (Last) <b>ROBERTS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 24 1953</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>AUG 31, 1880</b>	9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LOCOMOTIVE ENGR</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>RAILROAD</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>SEDALIA MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>UNKNOWN Roberts</b>	13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE <b>MARIE ROBERTS</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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>GEORGE ROBERTS</b>	ADDRESS <b>4629 ST. LOUIS AVE</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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARCINOMA OF ESOPHAGUS</b>		
	ANTECEDENT CAUSES Morbid 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. <b>HYPERTENSIVE HEART DISEASE</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>S</b>	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) <b>150X</b>
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 **May 19, 1953**, to **July 24, 1953**, that I last saw the deceased alive on **July 24, 1953**, and that death occurred at **8:20 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Dorment Seldman MD</b>	23b. ADDRESS <b>1755 So GRAND</b>	23c. DATE SIGNED <b>7-25-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>JULY 28-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>RESURRECTION</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS CTY MO</b>
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DATE REC'D BY LOCAL REG. <b>JUL 27 1953</b>	REGISTRAR'S SIGNATURE <b>Carl Smith M.D.E.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>J. SCHUR</b>	ADDRESS <b>3125 LAFAYETTE</b>
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Joseph Dollman*.....  
Licensed Embalmer No. *44*

P. O. Address *325 1/2 St*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.