

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7197**  
Registrar's No. **310**

BIRTH NO. FILED FEB 18 1954 REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **547**

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

<b>1. PLACE OF DEATH</b> a. COUNTY <b>St. Louis</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Richmond Hts.</b>		c. LENGTH OF STAY (In this place) <b>20 Min.</b>	c. CITY OR TOWN <b>St. Louis</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS <b>7007 Pernod Ave.</b>		<b>2037</b>	
<b>3. NAME OF DECEASED</b> (Type or Print) <b>INFANT</b> a. (First) b. (Middle) c. (Last) <b>ROBERTS</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Feb. 3 1954</b>
<b>5. SEX</b> <b>MALE</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Single</b>	<b>8. DATE OF BIRTH</b> <b>Feb. 3, 1954</b>
<b>9. AGE</b> (In years last birthday) <b>0</b>		<b>IF UNDER 1 YEAR</b> (Months) <b>0</b>	<b>IF UNDER 12 HRS.</b> (Hours) <b>0</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>None</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>None</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Richmond Hts., Mo.</b>
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>		<b>13a. FATHER'S NAME</b> <b>Arthur Roberts</b>	
<b>13b. MOTHER'S MAIDEN NAME</b> <b>Virginia Williams</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>None</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	
<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Arthur Roberts</b>		<b>ADDRESS</b> <b>7007 Pernod Ave.</b>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		<b>MEDICAL CERTIFICATION</b>	
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)</b> <b>Emphysema</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
<b>ANTECEDENT CAUSES</b> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		<b>DUE TO (b)</b> <b>R.H. Factors</b>	
<b>II. OTHER SIGNIFICANT CONDITIONS</b> <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		<b>DUE TO (c)</b> <b>Quel died 30 minutes after</b>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		<b>7700</b>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	
<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>		<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	
<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from <u>2-3, 1954</u>, to <u>2-3, 1954</u>, that I last saw the deceased alive on <u>2-3, 1954</u>, and that death occurred at <u>1:30A m.</u>, from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> <i>James J. Kelly M.D.</i> (Degree or title)		<b>23b. ADDRESS</b> <b>730 Hademan</b>	
<b>23c. DATE SIGNED</b> <b>2-3-54</b>		<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	
<b>24b. DATE</b> <b>Feb. 4, 1954</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Memorial Park Cem.</b>	
<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis Co. Mo.</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Kriegshauser</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>2-3-54</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Herbert R. Donahue, M.D.</b>	
<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Kriegshauser</b>		<b>ADDRESS</b> <b>4228 S. Kingshighway Bl.</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 embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision.

Student.....  
Signature of Student Embalmer

Signed *Richard W. Storse*.....

Licensed Embalmer No. *40*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.