

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH39610
State File No. 2498

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>347</u>		Registrar's No. <u>2498</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Hgts.</u>		c. LENGTH OF STAY (If this place) <u>1 day</u>		c. CITY OR TOWN <u>St. Louis</u>		d. Is 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 (If not in hospital or institution, give street address or location) <u>St. Mary's Hospital</u>				f. STREET ADDRESS (If rural, give location) <u>4576 Chouteau Ave.</u> <u>2169</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JACK</u>			b. (Middle) _____		c. (Last) <u>Roberts</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 26, 1954</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Unknown</u>		9. AGE (In years last birthday) <u>Abt. 54</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Furrier</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Fur</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Russia</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Samuel Roberts</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Fannie Roberts</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. J. Roberts-4576 Chouteau Ave.</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary artery, thrombosis of</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial infarction</u> DUE TO (c) <u>Arteriosclerotic heart disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>6 months</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>No op.</u>		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) (Min.)		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 <u>10-23-54</u> 19, to <u>10-26-54</u> 19, that I last saw the deceased alive on <u>10-26-54</u> 19, and that death occurred at <u>1:10 A.M.</u> from the causes and on the date stated above.							
24a. SIGNATURE (Degree or title) <u>Samuel P. Murphy, M.D.</u>				23b. ADDRESS <u>607 N. Grand Blvd.</u>		23c. DATE SIGNED <u>10-26-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>10/26/54</u>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Chicago, Illinois</u>	
DATE RECD BY LOCAL REG <u>10/26/54</u>		REGISTRAR'S SIGNATURE <u>Herbert S. Roberts</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>BERMAN RINDSKOPF INC. 5216 DELMAR BL.</u>			
(Licensed Embalmer's Signature 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.....
Signature of Student Embalmer

Signed *[Handwritten Signature]*.....
Licensed Embalmer No. *349*.....
P. O. Address *[Handwritten 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.