

FILED APR 28 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13818**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3504**

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

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>10 days</b>	
c. CITY OR TOWN <b>St. Louis</b>		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 <b>St. Johns Hospital</b>		STREET ADDRESS (If rural, give location) <b>17 3659 Blaine 2179</b>	
3. NAME OF DECEASED a. (First) <b>ARNOLD</b> b. (Middle) <b>C</b> c. (Last) <b>ROBERTS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>4 17 55</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 6, 1891</b>
9. AGE (In years last birthday) <b>61</b> 1 <b>11</b> Months		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Guard</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Benton, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Andy Roberts</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Dohogen</b>	
14. NAME OF HUSBAND OR WIFE <b>Fleeda Roberts</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW I</b>	
16. SOCIAL SECURITY NO. <b>882 607 22</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Fleeda Roberts</b> ADDRESS <b>3659 Blaine</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion (Posterior)</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Hypertension (Essential)</b>	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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?		<b>H201</b>	
22. I hereby certify that I attended the deceased from <b>Sept 5, 1951</b> to <b>April 17, 1955</b> , that I last saw the deceased alive on <b>April 17, 1955</b> , and that death occurred at <b>11:30 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>R. P. Woodall</b>		23b. ADDRESS (Degree or title) <b>4143a. N. Westport</b>	
23c. DATE SIGNED <b>April 18, 1955</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
24b. DATE <b>4-18-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New Hanberg</b>	
24d. LOCATION (City, town, or county) (State) <b>Cape Girardeau, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Haman Funeral Home</b> ADDRESS <b>Cape Girardeau Mo.</b>	
DATE REC'D BY LOCAL REG. <b>APR 19 1955</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith mo</b>	

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 *Bill C. Branson*.....

Licensed Embalmer No. *476*.....

P. O. Address *St. Louis*.....

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.