No. 300
10-48

FILED OCT 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35385

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2283

1. PLACE OF DEATH
a. COUNTY: Saint Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton
c. LENGTH OF STAY (In this place): 11 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis Co., Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN: Kinloch
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 946 Richard Street

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle):
c. (Last): Roberts

4. DATE OF DEATH (Month) (Day) (Year): 9 29 55

5. SEX: Female
6. COLOR OR RACE: Col
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: 18 Apr 1906
9. AGE (In years last birthday): 49
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): Baker
10b. KIND OF BUSINESS OR INDUSTRY: Resturant
11. BIRTHPLACE (City and State or Foreign Country): Chattanooga, Tenn
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William Streetus
13b. MOTHER'S MAIDEN NAME: Jencie Wadley
14. NAME OF HUSBAND OR WIFE: Burns Roberts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): O (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 495 22 1648
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: James Keller, Kinloch, Missouri

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adeno carcinoma of ~~Lung~~ Breast — INTERVAL BETWEEN ONSET AND DEATH: 6 mos ??

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) c metastases to lung, pleura, liver, spleen, kidney, peritoneum,

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* obstructive jaundice due to metastatic CA to the liver.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Breast Biopsy - Adeno Carcinoma 17 Oct
20. AUTOPSY? YES ☒ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-19, 1955, *to* 9-29, 1955, *that I last saw the deceased alive on* 9-29, 1955, *and that death occurred at* 8 30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jack L. Hagadorn MD
23b. ADDRESS: Clayton, Mo. 601 S. Brentwood,
23c. DATE SIGNED: 9/30/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5 Oct 55
24c. NAME OF CEMETERY OR CREMATORY: Washington Park
24d. LOCATION (City, town, or county) (State): Berkeley, Mo.

DATE REC'D BY LOCAL REG.: 10-3-55
REGISTRAR'S SIGNATURE: Herbert R. Domke MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Boyd Bros, Kinloch, Mo.

56. (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 embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.