

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
318

1003 State File No. 7131  
Registrar's No. 1142

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY OR TOWN St. Louis, Mo		c. CITY OR TOWN St. Louis, Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5824-A Terry Ave		e. STREET ADDRESS (If rural, give location) 5824-A Terry Ave	

3. NAME OF DECEASED (Type or Print) Margaret Roberts			4. DATE OF DEATH (Month) (Day) (Year) Jan 31, 1956		
5. SEX Female		6. COLOR OR RACE White		8. DATE OF BIRTH May 9, 1879	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		9. AGE (In years last birthday) 76		10. KIND OF BUSINESS OR INDUSTRY Housewife	
11. BIRTHPLACE (City and State or Foreign Country) Irvisig Penn.		12. CITIZEN OF WHAT COUNTRY? U.S.			

13a. FATHER'S NAME Thomas Barrett		13b. MOTHER'S MAIDEN NAME Bridget Byrne		14. NAME OF HUSBAND OR WIFE Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs George S Roberts	
				ADDRESS 5824-A Terry Ave	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular degenerative disease		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		3 days	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia (bilateral)					
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 1:20		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 12/22, 1955, to 1/31, 1956, that I last saw the deceased alive on 1/30, 1956, and that death occurred at 8 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. F. Bergman M.D.		23b. ADDRESS 3720 Washington		23c. DATE SIGNED 2/2/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb 4, 1956		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
24d. LOCATION (City, town, or county) St. Louis Mo		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sullivans 2849 No Euclid Ave			
DATE REC'D BY LOCAL REG. FEB 2 1956		REGISTRAR'S SIGNATURE Carl Smith MO			

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

DR. BERGMAN  
BEAUMONT BLDG  
Je 3-6204  
HRS THURSDAY  
8 to 9<sup>30</sup> am  
2 to 3 PM

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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 *Albert Mayfield*.....

Licensed Embalmer No. *309*.....

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.