

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18536

State File No. ....

FILED MAY 25 1956

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 3751

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3751	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY _____			
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>33 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 (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>St. Louis City Hospital #1</b>				e. STREET ADDRESS (If rural, give location) <b>5129 McKisock</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Newton</b>			b. (Middle) _____		c. (Last) <b>Roberson</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 13, 1956</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>11-14-1874</b>		9. AGE (In years last birthday) <b>81</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>R. R. Watchman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Kentucky</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Atchinson Roberson</b>			13b. MOTHER'S MAIDEN NAME <b>Amanda Benham</b>		14. NAME OF HUSBAND OR WIFE <b>Deceased</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>Span. Amer. ?</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Daniel Roberson, 5129 McKisock</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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Mass in Right lung - biology unknown</b>  ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Pneumonia</b>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b> <b>Cerebrovascular accident - Thromb</b>						INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>491X</b>				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?			
22. I hereby certify that I attended the deceased from <b>3-10-56</b> to <b>4-13-56</b> , that I last saw the deceased alive on <b>4-13-56</b> , and that death occurred at <b>12:45am</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Carl R. Smith M.D.</b>				23b. ADDRESS <b>1515 Lafayette</b>		23c. DATE SIGNED <b>4-14-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>4-15-1956</b>	24c. NAME OF CEMETERY OR <del>INTERMENT PLACE</del> <b>St. Trinity Lutheran</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>APR 16 1956</b>		REGISTRAR'S SIGNATURE <b>Carl R. Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>McLAUGHLIN F.H., Inc. 2301 Lafayette</b>			

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 *N. Y. Farris*.....

Licensed Embalmer No. *33*.....

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.