

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19064

State File No. ....

FILED MAY 24 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 1218

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN <u>Kirkwood</u>		c. CITY OR TOWN <u>Rock Hill</u> <u>4001</u>	
c. LENGTH OF STAY (In this place) <u>5 hours</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 <u>St. Joseph Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>9926 Oak Haven</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>BARBARA</u>	b. (Middle) <u>E.</u>	c. (Last) <u>ROBERTS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 15, 1956</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>May 20, 1919</u>	9. AGE (In years last birthday) <u>6</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>25</u>	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Never worked</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Student</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Mayfield, Ky.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Clyde E. Roberts</u>	13b. MOTHER'S MAIDEN NAME <u>Joyce Lewis</u>	14. NAME OF HUSBAND/OR WIFE <u>Single</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Clyde E. Roberts</u>	ADDRESS <u>9926 Oak Haven, Rock Hill</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>5-14-56</u>  <u>?</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Sarcoidosis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4010</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 1, 1952, to May 16, 1956, that I last saw the deceased alive on May 6, 1956, and that death occurred at 1:30 pm., from the causes and on the date stated above.

23a. SIGNATURE (Doctor or title) <u>Herbert R. Donahue</u>	23b. ADDRESS <u>4010</u>	23c. DATE SIGNED <u>5-16-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/18/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kirkwood, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>5-16-56</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donahue</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis H. Papp, Inc.</u>	ADDRESS <u>Kirkwood Mo.</u>
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(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 embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Felix Hernandez*.....

Licensed Embalmer No. *303*

P. O. Address *Kidwood*

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.