

FILED FEB 6 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3228

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 543 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY ST LOUIS,		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST LOUIS,	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JENNINGS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN JENNINGS <u>4/14/57</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5732 ALBIA TERRACE		Length of stay in lb 2 yrs	d. STREET ADDRESS 5732 ALBIA TERRACE
3. NAME OF DECEASED (Type or print) First MYRTLE Middle ROBERTS Last ROBERTS			4. DATE OF DEATH Month JAN. Day 4, Year 1957
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOW DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2/9/1885
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and state or country) GA.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME FRANCIS MADDOX	
14. MOTHER'S MAIDEN NAME MARY KEYS		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) NO	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address ROBERT F. ROBERTS 5732 ALBIA TERRACE	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart failure as a complication of hypertensive cardio-vascular disease			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 443X			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Natural causes <input type="checkbox"/> Natural disease process		
20c. TIME OF INJURY Hour 8:55 A Month, Day, Year abt 7:00 p. m. 1/4/57			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) home	20f. CITY, TOWN, OR LOCATION Jennings	COUNTY St. Louis STATE Mo.
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 7 P _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Herbert A. Somlyo</i>		22b. ADDRESS Clayton, Mo.	22c. DATE SIGNED 1/8/57
23a. BURIAL, CREMATION, OR REMOVAL (Specify) CREMATION	23b. DATE 1/7/57	23c. NAME OF CEMETERY OR CREMATORY VALHALLA CHAPEL OF MEMORIES	23d. LOCATION (City, town, or county) (State) ST LOUIS COUNTY MO.
24. FUNERAL DIRECTOR STROOT - CARROLL		ADDRESS 4600 NATURAL BRIDGE AVE	25. DATE RECD. BY LOCAL REG. 1-5-57
		26. REGISTRAR'S SIGNATURE <i>Herbert A. Somlyo</i>	

(Licensed Embalmer's Statement on Reverse Side)

300
156

Disease in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms written on this form. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.....
M W Ruetter

Licensed Embalmer No. 486

P. O. Address *St Louis*

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