

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019564
STATE FILE NUMBER

FILED JUN 11 1959 Registration District No. Primary Registration District No. Registrar No. 2-5092

1. PLACE OF DEATH a. COUNTY St. Clair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY St. Clair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN East St. Louis	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION PEOPLES		d. STREET ADDRESS (If outside, give location) 1070 Liberty St.	

3. NAME OF DECEASED (Type or print) First MABEL Middle ROBERTS Last			4. DATE OF DEATH Month Day Year May 24, 1959		
5. SEX Female 3	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 8, 1890	9. AGE (In years last birthday) 69	10. UNDER 1 YEAR Months Days 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 None		11. BIRTHPLACE (City and state or country) Cahokia, Illinois	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME LEVI ROBERTS		13b. MOTHER'S MAIDEN NAME BERTHA B. (UNKNOWN)	
13c. NAME OF HUSBAND OR WIFE		14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	

16. SOCIAL SECURITY NO. None		17. INFORMANT Martin A. Roberts Springs, E. St. Louis, Mo.		Address 1140 Falling-	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Thrombosis</i> DUE TO (b) <i>Hypertensive Heart Disease</i> DUE TO (c) <i>1 yr</i>				INTERVAL BETWEEN ONSET AND DEATH 5 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 443x				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	

21. I attended the deceased from 4-13-58 to 5-23-59 and last saw her ^{her} _{him} alive on 5-23-59
Death occurred at 5-24-59 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>W. A. Singal M.D.</i>		(Degree or title)		22b. ADDRESS <i>1652 Central Ave. E. St. Louis, Mo.</i>	
22c. DATE SIGNED <i>5-26-59</i>		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/31/59	
23c. NAME OF CEMETERY OR CREMATORY Booker Washington		23d. LOCATION (City, town, or county) Centreville Township, Ill.		(State)	

24. FUNERAL DIRECTOR <i>Office of Home</i>		ADDRESS <i>2114 Mo. Ave. E. St. Louis, Ill.</i>		25. DATE RECD. BY LOCAL REG. MAY 26 '59	
26. REGISTRAR'S SIGNATURE <i>Roan Smith, M.D.</i>					

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

300
1-57

mfB

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.

*Not Embalmed
Randolph Knight*

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. (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.