

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 6 4 4 9

FILED VS. JAN - 8 1960

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3343

AMENDED

1. PLACE OF DEATH a. COUNTY <u>St. Louis County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Lemay</u>		Length of stay in 1b <u>1-month</u>		c. CITY OR TOWN <u>St. Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mary Ridge Nursing Home</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>4964a Parker</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>WILLIAM</u> Middle <u>H</u> Last <u>ROBERTS</u>				4. DATE OF DEATH Month <u>December</u> Day <u>11</u> Year <u>1959</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>12/23/75</u>		9. AGE (last birthday) <u>83 yrs.</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Custodian</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Religious Prntg.</u>		11. BIRTHPLACE (City and state or country) <u>Breese, Illinois</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>					
13a. FATHER'S NAME <u>Henry Roberts</u>				13b. MOTHER'S MAIDEN NAME <u>Augusta Beyersdorf</u>				14. NAME OF HUSBAND OR WIFE <u>Mrs. Emma A. Frey Roberts</u>					
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>494-03-8635</u>		17. INFORMANT Address <u>Mr. Julius Roberts, 4964 Parker</u>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>arteriosclerotic heart disease.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>generalized arteriosclerosis</u> DUE TO (c) <u>senile dementia</u> <u>4200</u>										INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> <u>?</u> <u>2 yrs</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hypertensive arteriosclerosis, arthritis, Spleen and Elbow.</u>								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)									
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <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.) <u>St Louis</u>		20f. CITY, TOWN, OR LOCATION <u>St Louis</u>		COUNTY		STATE <u>Mo</u>			
21. I attended the deceased from <u>Nov 11 1959</u> to <u>Dec 11 1959</u> and last saw her <u>live on Dec 9 1959</u> Death occurred at <u>11:30 P.M.</u> <u>11:00 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <u>Max Staiblyff MD</u>					22b. ADDRESS <u>512 Dorville</u>					22c. DATE SIGNED <u>12/14/59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Dec. 14, 1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>			23d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri.</u>						
24. FUNERAL DIRECTOR <u>BEIDERWIEN F.H. INC., 1936 St. Louis Ave.</u>					25. DATE RECD. BY LOCAL REG. <u>12-15-59</u>		26. REGISTRAR'S SIGNATURE <u>John M. Staiblyff M.D.</u>						

DOCUMENT

MEDICAL CERTIFICATION

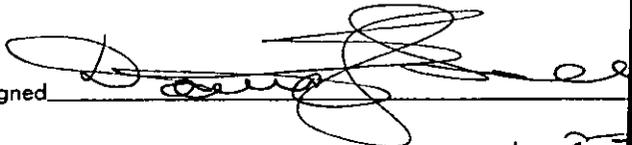
BY AFFIDAVIT OF

K-0 - 10 31 -  
February 2 1951

**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  \_\_\_\_\_

Licensed Embalmer No. 452  
P. O. Address A. Lee

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.