

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-011455

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2298

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
SHOULD READ  
BY AFFIDAVIT OF

AMENDED  
FILED VS MAR 16 1961

1. PLACE OF DEATH a. <del>XXXX</del> <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Franklin</b>											
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b <b>3 weeks</b>		c. CITY OR TOWN <b>Sullivan</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Lutheran Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>Route # 1</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>								
3. NAME OF DECEASED (Type or print) First Middle Last <b>ADA JOSEPHINE ROBERT'S</b>				4. DATE OF DEATH Month Day Year <b>March 3, 1961</b>											
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>8/8/1885</b>		9. AGE (last birthday) <b>75</b>		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) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Home-making</b>		11. BIRTHPLACE (City and state or country) <b>Macomb, Illinois</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>							
13a. FATHER'S NAME <b>Truman Willis</b>				13b. MOTHER'S MAIDEN NAME <b>Armina Lucas</b>				14. NAME OF HUSBAND OR WIFE <b>William P. Roberts</b>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO. - - - - -		17. INFORMANT <b>Sullivan, Missouri</b> <b>William P. Roberts, Route 1</b>									
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pulmonary Atelectasis; intest. obstr.</b> DUE TO (b) <b>Post operative complication;</b> DUE TO (c) <b>gastric ulcer, duodenal diverticula</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH <b>? 16 days</b>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Hepatic abscess 540.0</b>								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown							
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.)											
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>1959</b> to <b>3/3/61</b> and last saw her/him alive on <b>3/3/61</b> Death occurred at <b>7<sup>00</sup></b> <b>P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE (Degree or title) <b>Donald T. Behrens M.D.</b>						22b. ADDRESS <b>3606 Quince</b>				22c. DATE SIGNED <b>3/7/61</b>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>3/8/1961</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Zion Cemetery</b>				23d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>							
24. FUNERAL DIRECTOR <b>Strauser-Lenox, Sullivan, Missouri</b>						25. DATE RECD. BY LOCAL REG. <b>MAR 8 1961</b>		26. REGISTRAR'S SIGNATURE <b>Earl Smith, M.D.</b>							

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 Richard L. Steuser, Student Embalmer No. 623

working under my personal supervision.

Student

Richard L. Steuser

Signature of Student Embalmer

Signed

H. M. Lenox, Jr.

Licensed Embalmer No.

5090

P. O. Address

St. Clair, Mo.

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.