SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

MENT OF PUBLIC HEALTH AND WELFARE

-61-042820
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11291

FILED DEC 12 1961

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St.Francois

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St.Louis — Length of stay in 1b

c. CITY OR TOWN Bonne Terre — Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St.Luke's Hospital — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 411 So. Spruce St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Margaret Middle J. Last Roberts

4. DATE OF DEATH Month December Day 1, Year 1961

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 8/15/1871

9. AGE (last birthday) 90 — 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) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Washington Co.,Mo.

12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Austin House

13b. MOTHER'S MAIDEN NAME Eliza Butts

14. NAME OF HUSBAND OR WIFE Daily Roberts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

17. INFORMANT Address Olaf Roberts,122 Church-Bonne Terre,Mo.

MEDICAL CERTIFICATION

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 — INTERVAL BETWEEN ONSET AND DEATH 15 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arteriosclerotic cardiovascular disease — several years

DUE TO (c) Intertrochanteric fracture — 15 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

904.0 – 21

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) She fell at her home.

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 11-16-61

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home

20f. CITY, TOWN, OR LOCATION 411 So. Spruce St. COUNTY Bonne Terre, Mo. STATE

21. I attended the deceased from 11-16-61, to 12-1-61 and last saw her him alive on 12-1-61

Death occurred at 8:25 am m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Earl L. Holt, Jr., M.D.

22b. ADDRESS 3726 Washington

22c. DATE SIGNED 12-4-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 12-4-61

23c. NAME OF CEMETERY OR CREMATORY Local Cemetery

23d. LOCATION (City, town, or county) Bonne Terre,Mo. (State)

24. FUNERAL DIRECTOR Boyer Funeral Home, Bonne Terre,Mo. ADDRESS

25. DATE RECD. BY LOCAL REG. DEC 4 1961

26. REGISTRAR'S SIGNATURE Hoard Smith, M.D.

DATE AMENDED — INSTEAD OF — DOCUMENT — ITEM NO. — SHOULD READ — BY AFFIDAVIT OF

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 Stanley H. Kifon

Licensed Embalmer No. 4193

P. O. Address St. Louis

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.