SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-043208

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 504 Registrar's No. 3153

FILED DEC 1 1961

AMENDED

1. PLACE OF DEATH
a. COUNTY St. Loouis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b MONS.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Halls Ferry Nursing — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mol b. COUNTY
c. CITY OR TOWN St. Louis St. — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 1043 Wall St. — Reside on Farm Yes ☐ No ☑

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

4. DATE OF DEATH Month 11 Day 6 Year 61

5. SEX F

6. COLOR OR RACE W

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 1/2/83

9. AGE (last birthday) 78

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 Home

11. BIRTHPLACE (City and state or country) St. Thomas Mo.

12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Benjamin Buersmeyer

13b. MOTHER'S MAIDEN NAME Elizabeth Kaitzner

14. NAME OF HUSBAND OR WIFE Odia Roberts

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

16. SOCIAL SECURITY NO. None

17. INFORMANT Address J.D.Roberts 7186 Delmar Blvd.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Pulmonary edema	24 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Coronary insufficiency	1 year
DUE TO (c)	Arteriosclerotic heart disease	10 years

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

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.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

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.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 18 July 56, to 6 Nov 61 and last saw her/him alive on 6 Nov 61

Death occurred at P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James F. Nickel, M.D.

22b. ADDRESS #52 Maryland Plaza St Louis 8, Missouri

22c. DATE SIGNED 7 Nov 61

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

23b. DATE 11/9/61

23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

23d. LOCATION (City, town, or county) (State) St. Louis Mo.

24. FUNERAL DIRECTOR ADDRESS Robert D. Kinealy 2228 St. Louis Ave.

25. DATE RECD. BY LOCAL REG. 11-8-61

26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

SHOULD READ

INSTEAD 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 Herbert J. Gan Jr

Licensed Embalmer No. 4800

P. O. Address Kirkwood 22, M

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.