

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-013646

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 367 Primary Registration District No. 548 Registrar's No. 929
FILED MAR 27 1962

VS 300 Rev. 4/59

14007
28120

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT BY AFFIDAVIT OF MEDICAL CERTIFICATION

| | | | |
|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY St. Louis County | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois COUNTY Sangamon | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webster Groves | | c. CITY OR TOWN Springfield | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 642 Elmwood Ave. | | d. STREET ADDRESS (If outside, give location) 852 1/2 N. 7th St. | |
| 3. NAME OF DECEASED (Type or print) First Middle Last Carolyn Marie Roberts | | 4. DATE OF DEATH Month Day Year March 19 1962 | |
| 5. SEX F. | 6. COLOR OR RACE W; | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 4/13/83 |
| 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 none | 11. BIRTHPLACE (City and state or country) Springfield, Ill. |
| 12. CITIZEN OF WHAT COUNTRY U. S. A. | | 13a. FATHER'S NAME David Eifert | |
| 13b. MOTHER'S MAIDEN NAME Catherine Doerfler | | 14. NAME OF HUSBAND OR WIFE George Roberts | |
| 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. [redacted] | |
| 17. INFORMANT Mrs. John C. Barrett, Webster Groves | | Address 642 Elmwood | |
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis | | | INTERVAL BETWEEN ONSET AND DEATH 5 Min. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | 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 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 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 Saw for first time 3/19/62 and last saw her Dead when I arrived on 3/19/62 at 10:00 P. M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Edward H. Reinhard M.D. | | 22b. ADDRESS 600 S. Kingshighway (10) | 22c. DATE SIGNED 3/19/62 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 3/20/62 | 23c. NAME OF CEMETERY OR CREMATORY Oakridge Cemetery | 23d. LOCATION (City, town, or county) (State) Springfield, Illinois |
| 24. FUNERAL DIRECTOR ADDRESS Parker-Aldrich, Webster Groves, Mo. | | 25. DATE RECD. BY LOCAL REG. 3-20-62 | 26. REGISTRAR'S SIGNATURE [Signature] |

Edwin H Reinhard

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 Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Water Grove 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.