

2660

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

1003

10983

-62-044785
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10983

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED DEC 14 1962

1. PLACE OF DEATH
a. COUNTY **St, Louis Missouri**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY _____
c. CITY OR TOWN **St, Louis** Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) **4211 E. Cote Brilliant** Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last
Cassie Mae Roberts

4. DATE OF DEATH Month Day Year
November 12 1962

5. SEX **Female** 6. COLOR OR RACE **Col** 7. Married Never Married
Widowed Divorced 8. DATE OF BIRTH **12 March 1996** 9. AGE (last birthday) **63**
IF UNDER 1 YEAR Months Days 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 **Housewife** 11. BIRTHPLACE (City and state or country) **Wabbaseka Ark** 12. CITIZEN OF WHAT COUNTRY **U. S a**

13a. FATHER'S NAME **Harrison Crump** 13b. MOTHER'S MAIDEN NAME **Ida Wilbon** 14. NAME OF HUSBAND OR WIFE **Mr Enerst E. 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. **No** 17. INFORMANT **Mr Enerst E. Roberts** Address **4211 E Cote Brilliant**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Coronary Occlusion**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Coronary Sclerosis**
DUE TO (c) **4201**
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. 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 Month, Day, Year a.m. p.m.

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 _____ to _____ and last saw her/him alive on _____
Death occurred at **5:00 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Helen L. Taylor, Coroner** 22b. ADDRESS **1300 Clark Ave.** 22c. DATE SIGNED **11-15-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **11/16/62** 23c. NAME OF CEMETERY OR CREMATORY **Washington Park** 23d. LOCATION (City, town, or county) (State) **St. Louis County Missouri**

24. FUNERAL DIRECTOR **Herman J. Smith** ADDRESS **4247/w Labadie** 25. DATE RECD. BY LOCAL REG. **NOV 15 1962** 26. REGISTRAR'S SIGNATURE **Joan Smith, M.D.**

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

91

0992

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 Arthur R. Hollister

Licensed Embalmer No. 4221

P. O. Address 3100 Easton ave

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.