

Registration District No. **163** Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town **ST LOUIS MO**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **ST ANTHONY HOSP**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 HRS**
(Specify whether _____)
In this community **6 HRS**
years, months or days) _____

8. (a) PRINT FULL NAME **LINDA LOU ROBERTS**

8. (b) If veteran, name war **NONE** 3. (c) Social Security No. **NONE**

4. Sex **FEMALE** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **June 7th 1940**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 6 hr. min.

9. Birthplace **ST LOUIS MO**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name **LESTER ROBERTS**

13. Birthplace **Godfrey Ill**
(City, town, or county) (State or foreign country)

14. Maiden name **SYBIL RIESINGER**

15. Birthplace **FARMINGTON MO**
(City, town, & county) (State or foreign country)

16. (a) Informant **LESTER ROBERTS**

(b) Address **5021 MARDEL AVE**

17. (a) **BURIAL** (b) Date thereof **6-10-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **NEW ST. MARCUS**

18. (a) Signature of funeral director **ARIEGSHAUSER UND Co**

(b) Address **4228 SO. KING HIGHWAY**

19. (a) **JUN 10 1940** (b) _____
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County _____
(c) City or town **ST LOUIS IL**
(If outside city or town limits write "RURAL")
(d) Street No. **5021 MARDEL AVE**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **7**
year **1940** hour **9** minute **55 P.M.**

21. I hereby certify that I attended the deceased from **Birth**
6/7, 19**40**, to _____, 19____;
that I last saw her alive on **6/7**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Prematurity**
Due to **Inevitable Abortion**

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (a) Means of injury _____
23. Signature **Dwight Benjamin** (M. D. or other) **MD**
Address **7408 Michigan** Date signed **6/8/40**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1415
11/15/11

Gr
4257

9204
498 J

27A

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.....

working under my personal supervision.

Registered Apprentice No.....

Signed.....

No Embalming

License Embalmer No.....

P. O. Address.....

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 this body is not embalmed, above space should be left blank.