

S. No. 2
1-1/47
5-17-39

5966

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 18 1948
Registration District No. 5986

Primary Registration District No. 6075

Registrar's No. 51

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri State Hospital No. 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 months, 17 das.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis City 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5251 Cabanne
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME WALTER E. ROBERTS

3. (b) If veteran, name war. Unknown

3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 6
year 1948 hour 12 minute 50 P. M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife. Constance O'Connell

6. (c) Age of husband or wife if alive. Age Unknown

7. Birth date of deceased. November 10, 1884
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec. 1, 1947 to February 6, 1948 19....
that I last saw him alive on February 6, 1948 19....
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>2</u>	<u>26</u>br.min.

Immediate cause of death Myocardial infarction

Due to Arteriosclerosis

Due to

Other conditions. (include pregnancy within 3 months of death)

9. Birthplace. Ogden, Utah
(City, town, or county) (State or foreign country)

10. Usual occupation Broker

Major findings: 93D

Of operations

Of autopsy. No autopsy.

PHYSICIAN
Underline the cause of which death should be charged statistically.

11. Industry or business

12. Name Unknown

13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Mary Cott

15. Birthplace Philadelphia Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Missouri

17. (a) Burial (b) Date thereof 2-9-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem., St. Louis, Mo.

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

(Specify type of place)

(e) Means of injury

18. (a) Signature of funeral director Stuart & Sons

(b) Address 1225 No. Union, St. Louis, Mo.

19. (a) 2-13-48 (b) Ethel Redloff
(Date received local registrar) (Registrar's signature)

23. Signature George A. Davis (M. D. or other) M.D.

Address Farmington, Mo. Date signed 2-8-48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4
District File Number 248-235
Date Filed 2-17-48

MAR 2 1948

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 _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed Paul H. Deval

Licensed Embalmer No. 4120

P. O. Address Lansington 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 this body is not embalmed, fact should be so stated above.