

FILED APR 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15203

State File No. ....

BIRTH NO. 11 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 1011

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. - If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Clayton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>68 OR TOWN Kirkwood</u> <u>4683</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>224 E. Adams Ave.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLARD</u>		b. (Middle) <u>W.</u> c. (Last) <u>ROBERTS</u>	
4. DATE OF DEATH <u>April 16, 1950</u>		5. SEX <u>Male</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>June 27, 1868</u>		9. AGE (In years last birthday) <u>81</u> if UNDER 1 YEAR Months <u>9</u> Days <u>20</u> if UNDER 12 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Switch Board Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>KIRKWOOD INDUSTRY</u>	
11. BIRTHPLACE (State or foreign country) <u>Boone County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Squire C. Roberts</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Green</u>	
14. NAME OF HUSBAND OR WIFE <u>Nora Roberts</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) <u>No</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ida Bowman, 224 E. Adams Ave. Kirkwood, Mo.</u> ADDRESS <u>224 E. Adams Ave. Kirkwood, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>multiple body fractures and shock suffered when struck by a police car.</u> ANTECEDENT CAUSES DUE TO (b) <u>car.</u> DUE TO (c) <u>Bronchopneumonia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Adrenal hemorrhage</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>25</u>	
20. AUTOPSY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		INTERVAL BETWEEN ONSET AND DEATH <u>28124</u> <u>25</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Public street</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kirkwood, St. Louis, Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4 16 50 P. M.</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>see above</u>	
22. I hereby certify that I attended the deceased from <u>4-15-1950</u> , to <u>4-16-1950</u> , that I last saw the deceased alive on <u>4-16-1950</u> , and that death occurred at <u>4:30 P. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Belmont L. Thibault M.D.</u>		23b. ADDRESS <u>601 Brentwood Clayton</u>	
23c. DATE SIGNED <u>4/18/50</u>		23d. LOCATION (City, town, or county) (State) <u>Kirkwood, Mo.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/19/50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kirkwood, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>APR 19 1950</u>		REGISTRAR'S SIGNATURE <u>Hubert Roberts M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis H. Bopp, Inc.</u>		ADDRESS <u>Kirkwood, Mo.</u>	

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

4002

**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 .....  
Student Embalmer

Signed.....

*Felix Leonard*

Licensed Embalmer No. \_\_\_\_\_

*2034*

P. O. Address \_\_\_\_\_

*1111 Wood 227*

**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.