

STANDARD CERTIFICATE OF DEATH

State File No. **22557**
 Registrar's No. **5757**

FILED JUL 2 - 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Mississippi	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN Charleston 0672	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital		d. STREET ADDRESS (If rural, give location) 202 Cleveland St.	
3. NAME OF DECEASED (Type or Print) a. (First) Florence b. (Middle) Ella c. (Last) Roberts		4. DATE OF DEATH (Month) (Day) (Year) June 20, 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 25, 1887
9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher		10b. KIND OF BUSINESS OR INDUSTRY Schools	11. BIRTHPLACE (City and State or Foreign Country) Mississippi Co., Mo.
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Unknown Lane	
13b. MOTHER'S MAIDEN NAME Martha Lacey		14. NAME OF HUSBAND OR WIFE William N.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Paul Roberts		ADDRESS Carro Gordo, Ill.	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis INTERVAL BETWEEN ONSET AND DEATH 1 hour ANTECEDENT CAUSES athlet's schrowd DUE TO (b) athlet's schrowd DUE TO (c) Hypertensive C-V. disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 42'01			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:45a m., from the causes and on the date stated above.			
23a. SIGNATURE W. Jack [Signature] (Degree or title)		23b. ADDRESS St. Louis, Mo.	
23c. DATE SIGNED 6-20-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-20-52	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Charleston, Ill.	
DATE REC'D BY LOCAL REG. JUN 20 1952		REGISTRAR'S SIGNATURE J. C. Smith MO	
25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe		ADDRESS 4700 Washington Blvd.	

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

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 John S. Kennedy

Licensed Embalmer No. 41941

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, fact should be so stated above.