

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26262  
State File No. \_\_\_\_\_  
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6896**

FILED AUG 6 1952

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS, MO.</b>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kirkwood</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Edward</b> b. (Middle) <b>NMN</b> c. (Last) <b>Roberts</b>		d. STREET ADDRESS (If rural, give location) <b>127 New York</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>7 14 52</b>		9. AGE (In years last birthday) Months Days Hours Min. <b>52</b>	
5. SEX <b>Male 2</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married 1</b>	8. DATE OF BIRTH <b>July 13, 1901</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Truck Driver</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Clayton Supply Co.</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Atlanta, Georgia</b>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>Zachary Z. Roberts</b>		13b. MOTHER'S MAIDEN NAME <b>Nannie Ketlus</b>	
14. NAME OF HUSBAND OR WIFE <b>Gertrude Roberts</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>492-107-9450</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Abraham Byrd 127 New York</b>	
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) <b>Myocardial Infarction</b>  ANTECEDENT CAUSES <b>Arteriosclerotic Heart Disease</b> DUE TO (b)  DUE TO (c)  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 checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) <b>SUICIDE</b>	
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 <b>4200</b>		22. I hereby certify that I attended the deceased from <b>July 4, 1952</b> , to <b>July 14, 1952</b> , that I last saw the deceased alive on <b>July 14, 1952</b> , and that death occurred at <b>12:55A.M.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>[Signature]</b>		23b. ADDRESS <b>BARNES HOSPITAL</b>	
23c. DATE SIGNED <b>6/14/52</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal 4</b>	
24b. DATE <b>7/19/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis County</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>[Signature] 1221 N Grand</b>	
DATE REC'D BY LOCAL REG. <b>JUL 16 1952</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b> (Licensed Embalmer's Statement on Reverse Side)	

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

*C. C. Craemo*

Licensed Embalmer No. 4755

P. O. Address 1221 N Grand

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.