

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

29955

State File No. \_\_\_\_\_

FILED SEP 3-1952  
 BIRTH NO. 56301

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 7735

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>20</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> 0	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>6 5802 Highland</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Anthony</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>PATRICIA</u> b. (Middle) <u>ANN</u> c. (Last) <u>ROBERSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 13 52</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Aug 10-52</u>
9. AGE (In years last birthday) _____		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) <u>St. Louis MO 0</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <u>JAMES ROBERSON</u>		13b. MOTHER'S MAIDEN NAME <u>Theresa FIORA</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>JAMES ROBERSON 5802 Highland</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>encephalitis - viral -</u> <u>(spinal fluid - light yellow &amp; 800 cells (lymphocytes) / free &amp; no organisms)</u> DUCE TO (b) _____ DUCE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	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) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>082X.</u>	
22. I hereby certify that I attended the deceased from <u>8/10/52</u> , 19 <u>52</u> , to <u>8/13/52</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>8/12</u> , 19 <u>52</u> , and that death occurred at <u>2:30 a.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Wm. J. Woyawa M.D.</u>		23b. ADDRESS <u>3809 Wilmingtn Ave.</u>	23c. DATE SIGNED <u>8-14-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Aug 14-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>ST LOUIS, MO.</u>
DATE REC'D BY LOCAL REG. <u>AUG 14 1952</u>	REGISTRAR'S SIGNATURE <u>J. Charles Smith M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Miceli-Sox 1150 N. Kingshighway</u>	

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 \_\_\_\_\_

working under my personal supervision. *Not Embalmed* Student Embalmer No. \_\_\_\_\_

Student .....  
Student Embalmer

Signed *Anthony J. Musch.*  
Licensed 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, fact should be so stated above.