No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37179

State File No. .....

FILED NOV 14 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 548 Registrar's No. 2754

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

1. PLACE OF DEATH
a. COUNTY: ST LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WEBSTER GROVES
c. LENGTH OF STAY (in this place): 4 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 210 E. JACKSON

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI b. COUNTY: ST LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WEBSTER GROVES 4 6/7
d. STREET ADDRESS (If rural, give location): 210 E JACKSON 8

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last): WALTER SCOTT ROBERTS

4. DATE OF DEATH (Month) (Day) (Year): OCT-25-1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: MARCH-19-1878
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AUTOMOBILES
10b. KIND OF BUSINESS OR INDUSTRY: Automobile Company ~~RETIRED~~
11. BIRTHPLACE (City and State or Foreign Country): MADISON IND.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: WALTER S. ROBERTS
13b. MOTHER'S MAIDEN NAME: UNKNOWN WEYER
14. NAME OF HUSBAND OR WIFE: RUTH C. ROBERTS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): — No.
16. SOCIAL SECURITY NO.: 491-18-4949
17. INFORMANT'S SIGNATURE OR NAME: RICHARD C. ROBERTS — ADDRESS: Webster Groves

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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Endocarditis	7 yrs.
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Aortic Aneurism	7 yrs
DUE TO (c)	Abdominal Aneurism	7 yrs
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Bilateral Inguinal Hernia	7 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4211
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-21, 1945 *to* 10-2, 1952, *that I last saw the deceased alive on* 10-24, 1952 *and that death occurred at* 7:00 A.M., 10-25-52 *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dalton Dahms MD
23b. ADDRESS: 1452 [illegible] Grand
23c. DATE SIGNED: 10-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVALS
24b. DATE: OCT-27-1952
24c. NAME OF CEMETERY OR CREMATORY: MADISON
24d. LOCATION (City, town, or county) (State): MADISON INDIANA

DATE REC'D BY LOCAL REG.: 10-25-52
REGISTRAR'S SIGNATURE: Herbert R. Domke - M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Parker-Aldrich F. Home — ADDRESS: Webster Groves MO
C.T. (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 Leslie Walsh

Licensed Embalmer No. 4395

P. O. Address Webster Groves

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.