

FILED APR 29 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. **3580**

BIRTH NO. 26667-54 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

WRITE PLAINLY—USING UNFAADING 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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (In this place) <b>10 hrs. 15 min.</b>		d. STREET ADDRESS (If rural, give location) <b>4280 Sullivan</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Romer G. Phillips</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Roberts</b> b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>4 5 54</b>		
5. SEX <b>Fem.</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <b>4-4-54</b>		9. AGE (In years last birthday)		10. CITIZEN OF WHAT COUNTRY?	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	

13a. FATHER'S NAME <b>Charles Roberts</b>		13b. MOTHER'S MAIDEN NAME <b>Dorothy Fields</b>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>William H. Linkler</i> 2601 N. Whittier	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Premature birth, neonatal death</b>							
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</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 type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) <b>776X</b>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 4-4-, 1954, to 4-5-, 1954, that I last saw the deceased alive on 4-5-, 1954, and that death occurred at 3:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>William H. Linkler M.D.</i>		23b. ADDRESS <b>2601 N. Whittier</b>		23c. DATE SIGNED <b>4-14-54</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>4-30-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Anatomical Board</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>APR 21 1954</b>		REGISTRAR'S SIGNATURE <i>Charles Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Funerary Service</b>		4104 Manchester Ave. St. Louis 10, Mo.	
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**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 \_\_\_\_\_

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.