

FILED AUG 20 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29191**  
**7146**  
Registrar's No. ....

BIRTH NO. \_\_\_\_\_ 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 <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY OR TOWN <b>Lemay</b>	
c. LENGTH OF STAY (Inclusive of days) <b>11 days</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Alexian Bros. Hosp.</b>		e. STREET ADDRESS (If rural, give location) <b>248 Fannie</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>James</b>	b. (Middle) <b>F.</b>	c. (Last) <b>Roberts Sr.</b>	(Month) <b>July</b>	(Day) <b>31</b>	(Year) <b>1954</b>

5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 25, 1893</b>	9. AGE (In years last birthday) <b>60</b>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own Bus.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Hoschton, Georgia</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Marcus A. Roberts</b>	13b. MOTHER'S MAIDEN NAME <b>Effie McDaniel</b>	14. NAME OF HUSBAND OR WIFE <b>Myrtle Roberts</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>489-12-7507</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Myrtle Roberts</b>	ADDRESS <b>248 Fannie, Lemay Mo.</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>3 months</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Lungs (Primary)</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  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 type="checkbox"/> NO <input 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)
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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? <b>162 X</b>
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22. I hereby certify that I attended the deceased from **July 20, 1954**, to **July 30, 1954**, that I last saw the deceased alive on **July 31, 1954**, and that death occurred at **5:30 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Michael L. Bartnick M.D.</b>	23b. ADDRESS <b>7629 So. Broadway</b>	23c. DATE SIGNED <b>7/31/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>8/3/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Park Lawn Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Lemay Mo.</b>
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DATE REC'D BY LOCAL REG. <b>AUG 2 1954</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b> <i>m83</i>	25. FUNERAL DIRECTOR'S SIGNATURE <b>FENDLER UND. CO</b>	ADDRESS <b>7420 Michigan</b>
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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.....  
Signature of Student Embalmer

Signed *W. G. Peterson*

Licensed Embalmer No. 370

P. O. Address 7420 W.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.