

FILED FEB 9 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3509

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lemay</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lemay 4860</u>	
c. LENGTH OF STAY (in this place) <u>25 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>8625 S. Grand</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8625 S. Grand ave.</u>		e. STREET ADDRESS <u>8625 S. Grand</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Frank</u>	b. (Middle) <u>-----</u>	c. (Last) <u>Roberts</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>January 4, 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 28, 1881</u>	9. AGE (to years last birthday) <u>73</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tobacco Worker Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Liggett & Myers Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Ohio</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Lillie</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <u>no none</u>	16. SOCIAL SECURITY <u>494-01-1520</u>	17. INFORMANT'S SIGNATURE OR NAME <u>William Roberts</u>	ADDRESS <u>8625 S. Grand</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic cardiac vascular disease</u> 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) (Min.)	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 Jan 15, 191949 to Jan 4, 1955, that I last saw the deceased alive on 1-4, 1955, and that death occurred at 2.15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree of title) <u>Erwin D. Creel</u>	23b. ADDRESS <u>752 Lemay Ferry Rd.</u>	23c. DATE SIGNED <u>1-5-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 7, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>1215 Lemay Ferry Road Lemay, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1/6/55</u>	REGISTRAR'S SIGNATURE <u>Wesley B. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hoffmeister</u>	ADDRESS <u>U. & L. Co. 7814 S. Broadway</u>
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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Harold J. Lukens*.....

Licensed Embalmer No. *2679*.....

P. O. Address. *7814 1/2 Broadway*.....

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.)

1. If this body is not embalmed, fact should be so stated above.