

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

6454

State File No.

FILED MAR 10 1955

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1663**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis <i>4820</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Lemay <i>87</i>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Alexian Bros. Hospital		STREET ADDRESS (If rural, give location) 407 E. Arlee	

3. NAME OF DECEASED (Type or Print)	a. (First) Golia	b. (Middle) Washington	c. (Last) Roberts	4. DATE OF DEATH (Month) (Day) (Year) Feb. 20, 1955
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5. SEX Male <i>0</i>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced <i>3</i>	8. DATE OF BIRTH July 5, 1900	9. AGE (In years last birthday) 54	10 UNDER 1 YEAR Months Days	10 UNDER 1 YEAR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sprayer	10b. KIND OF BUSINESS OR INDUSTRY National Lead Co.	11. BIRTHPLACE (City and State or Foreign Country) Yount, Mo. <i>0</i>	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Robert Roberts	13b. MOTHER'S MAIDEN NAME Elizabeth Kaiser	14. NAME OF HUSBAND OR WIFE Unknown
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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) No	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Elizabeth Huff, Flat River, Mo.	ADDRESS
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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) Bronchial Catarrh with embolism		DUE TO (b) Emphysema and acute cardiac failure		5 years
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (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.		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)
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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? 241X
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22. I hereby certify that I attended the deceased from **1915**, 1955, to **Feb. 20, 1955**, that I last saw the deceased alive on **July 19, 1955**, and that death occurred at **12:14 p.m.**, from the causes and on the date stated above.

23. SIGNATURE Albert H. Hoppe (Degree or title) 0	23b. ADDRESS 3201 45th Street, St. Louis, Mo.	23c. DATE SIGNED 2-21-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2-20-55	24c. NAME OF CEMETERY OR CREMATORY Parkview	24d. LOCATION (City, town, or county) (State) Farmington, Mo.
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DATE REC'D BY LOCAL REG. FEB 21 1955	REGISTRAR'S SIGNATURE Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	ADDRESS 4700 Washington Blvd.
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(Licensed Embalmer's Statement on Reverse Side)

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 *G. W. Wilkinson*.....

Licensed Embalmer No. *35*.....

P. O. Address *M. Lo*.....

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.