

FILED MAY 25 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16945  
4246

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		c. CITY OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 2 months		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION MO. PACIFIC HOSP.		e. STREET ADDRESS (If rural, give location) 7503 Paseo Blvd. 3406	

3. NAME OF DECEASED a. (First) GEORGE b. (Middle) EUGENE c. (Last) ROBERTS			4. DATE OF DEATH (Month) (Day) (Year) 5 / 11 / 55		
5. SEX M. 0		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.	
8. DATE OF BIRTH Dec. 18, 1880		9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) railroad worker	
11. BIRTHPLACE (City and State or Foreign Country) Louisiana, Mo. 0		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Frederick Roberts	
13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE WIFE: RUTH.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	
16. SOCIAL SECURITY 09-12-9354		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. George Roberts, Kansas City,			

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) GLIOMA		INTERVAL BETWEEN ONSET AND DEATH Months	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Diabetic Mellitus		10 yrs	
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 checked="" type="checkbox"/> NO <input type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 793X	

22. I hereby certify that I attended the deceased from 3/10/1955, to 5/11/1955, that I last saw the deceased alive on 5/10/1955, and that death occurred at 12:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE [Signature]		(Degree or title) 0		23b. ADDRESS Mrs. Paul Knapp	
23c. DATE SIGNED MAY 13 1955					

24a. BURIAL, CREMATION, REMOVAL removal		24b. DATE 5-12-55		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Louisiana, Mo.	
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DATE REC'D BY LOCAL REG. MAY 13 1955		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Sterne, Louisiana, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 28 1956

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 *Ronald O. Yahube*

Licensed Embalmer No. *391*

P. O. Address *St. Louis*

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.