No. 300
10-48

FILED MAR 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5997

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 79

1. PLACE OF DEATH
a. COUNTY ST. CHARLES
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. CHARLES
c. LENGTH OF STAY (In this place) 10-DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. JOSEPH HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY ST. LOUIS
c. CITY OR TOWN ROBERTSON
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location) DODRIDGE AVE. R#1 Box 361 4001

3. NAME OF DECEASED (Type or Print)
a. (First) JOHN b. (Middle) BURTON c. (Last) ROBERTS

4. DATE OF DEATH (Month) (Day) (Year) MAR. 4-1956

5. SEX MALE
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH JULY 29-1892
9. AGE (In years last birthday) 63 — IF UNDER 1 YEAR Months 7 Days 4 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAINTER CONT.
10b. KIND OF BUSINESS OR INDUSTRY PAINTING
11. BIRTHPLACE (City and State or Foreign Country) WINFIELD, KANS.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JOHN B. ROBERTS
13b. MOTHER'S MAIDEN NAME NELLIE McCORMACK
14. NAME OF ~~HUSBAND OR~~ WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. 497-01-9974
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robertson MINNIE E. BESSIE ROBERTS. Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 15 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis — ?
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 4201
20. AUTOPSY? YES ☒ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr. 30, 1951, *to* 4 March, 1956, *that I last saw the deceased alive on* 4 March 1956 *and that death occurred at* 9:45 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) H. E. Hengen M.D.
23b. ADDRESS Pattonville, Mo
23c. DATE SIGNED 5 March 56

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 3-8-56
24c. NAME OF CEMETERY OR CREMATORY VALHALLA CREMATORY
24d. LOCATION (City, town, or county) (State) PAGEDALE, MO.

DATE REC'D BY LOCAL REG. March 6 1956
REGISTRAR'S SIGNATURE Lannie Hamilton 284
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bluemann Bros. Inc. 2504-WOODSON Rd-OVERLAND, Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 13 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Oscar F. Mueller

Licensed Embalmer No. 303

P. O. Address Overland

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.