

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 25 1957

State File No. **3035**
Registrar's No. **61**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis c. LENGTH OF STAY (in this place) _____ c. CITY OR TOWN St. Louis d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 22 INSTITUTION St. Anthony's		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____ c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> 4. STREET ADDRESS (If rural, give location) 1416 N. Taylor Avenue	
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) W. c. (Last) Roberts		4. DATE OF DEATH (Month) (Day) (Year) 1 1 57	
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3-15-1895
9. AGE (In years Last birthday) 61 IF UNDER 1 YEAR: Months 9 Days 16 IF UNDER 24 HRS. Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Funeral Director		10b. KIND OF BUSINESS OR INDUSTRY Mortuary	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Charles W. Roberts	
13b. MOTHER'S MAIDEN NAME Missouri Massie		14. NAME OF HUSBAND OR WIFE Ann E. Roberts	
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. ?	
17. INFORMANT'S SIGNATURE OR NAME Ann E. Roberts		ADDRESS 1416 N. Taylor Avenue	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) necrotizing papillitis of right kidney Submucosal hemorrhages of placenta Extrenal dilatation, bilateral 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. Tracheobronchitis with atelectasis of both lungs		INTERVAL BETWEEN ONSET AND DEATH 3 days 1 week 1 week Several hours	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 606x	
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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from August 4, 1956, to 1-1-1957, that I last saw the deceased alive on 12-31, 1956, and that death occurred at 11 Am., from the causes and on the date stated above.			
23. SIGNATURE (Degree or title) Clement J. Zellman, M.D.		23b. ADDRESS 4161 kindell	
23c. DATE SIGNED 1-3-57			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-7-57	
24c. NAME OF CEMETERY OR CREMATORY Greenwood		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
DATE REC'D BY LOCAL REG. JAN 4 1957		25. FUNERAL DIRECTOR'S SIGNATURE Ellis Funeral Home, Inc. 2820 Stoddard St.	

(Licensed Embalmer's Statement on Reverse Side)

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, *Gulton E. Culkin*

Licensed Embalmer No. *4198*

P. O. Address *St. Paul*

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.