

Death, Health, Welfare, Public Service
 1-30
 1-56
 All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. No standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STANDARD CERTIFICATE OF DEATH

FILED JUL 1-6 1957

318

1003

STATE FILE NUMBER 28505
 3571
 Registrar's No.

Registration District No. Primary Registration District No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		a. STATE Missouri b. COUNTY St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION New Faith Hosp.		d. STREET ADDRESS 3518 St. Christopher	
Length of stay in lb 2 Weeks		(If outside, give location) Reside on Farm No	

3. NAME OF DECEASED (Type or print) First Edna Middle M. Last Roberts			4. DATE OF DEATH June 13, 1957 Month Day Year		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec 1 1907	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (City and state or country) Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13. FATHER'S NAME Arthur Terrill	14. MOTHER'S MAIDEN NAME Roxie White
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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 No	16. SOCIAL SECURITY NO. 498-20-8575	17. INFORMANT James A. Roberts 3518 St. Christopher
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute hepatitis		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Acute monocytic leukemia		2 hrs.
	DUE TO (c) Acute monocytic leukemia		—
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20e. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from 5-22-57 to 6-13-57 and last saw her alive on 6-13-57 Death occurred at 11:40 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE Nicholas Vitale (Degree or title) M.D.	22b. ADDRESS 3861 St. Louis Ave	22c. DATE SIGNED 6/14/57
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6/13/57	23c. NAME OF CEMETERY OR CREMATORY Fairfield Cemetery	23d. LOCATION (City, town, or county) Fairfield (State) Ill
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24. FUNERAL DIRECTOR Collier Mortuary 10123 St. Chas Rd	25. DATE RECD. BY LOCAL REG. JUN 14 57	26. REGISTRAR'S SIGNATURE J. Carl Smith, m.d.
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Sheldon Collins*

Licensed Embalmer No. *33*

P. O. Address *St. Ann*

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