

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38051**
Registrar's No. **9622**

FILED OCT 21 1957

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

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

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 9622			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 60 yrs.		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 01 3112 Humphrey				STREET ADDRESS (If rural, give location) 21678 3412 Humphrey					
3. NAME OF DECEASED (Type or Print) JESSIE			a. (First)			b. (Middle)			
c. (Last) ROBERSON			4. DATE OF DEATH			(Month) (Day) (Year) Oct. 12, 1957			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept. 1, 1873			
9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY --			11. BIRTHPLACE (City and State or Foreign Country) New Orleans, Louisiana			
12. CITIZEN OF WHAT COUNTRY? U. S. A.			13a. FATHER'S NAME William Watson		13b. MOTHER'S MAIDEN NAME Margaret ?		14. NAME OF HUSBAND OR WIFE Frank J. Roberson		
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. none		17. INFORMANT'S SIGNATURE OR NAME Laura Belle Roberson				ADDRESS 3412 Humphrey	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction						INTERVAL BETWEEN ONSET AND DEATH 4 hours	
		ANTECEDENT CAUSES DUE TO (b) Arteriosclerotic Heart Disease 10 years							
		DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 420.0							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" 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) _____		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 March, 1956 , to October, 1957 , that I last saw the deceased alive on Oct. 7, 1957 , and that death occurred at 3:40 a. m. , from the causes and on the date stated above.									
23a. SIGNATURE W. P. Knowlton M.D.				(Degree or title) M.D.				23b. ADDRESS 3720 Washington St. Louis Mo.	
23c. DATE SIGNED 10/15/57				24a. BURIAL, CREMATION, REMOVAL Removal		24b. DATE 10/16/57		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery St. Louis, Mo.	
24d. LOCATION (City, town, or county) _____		(State) _____		25. FUNERAL DIRECTOR'S SIGNATURE Charles J. Gates			ADDRESS 4107 Finney		

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 *Guyton Swann*

Licensed Embalmer No. 4580

P. O. Address 4107 Finney A

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.