

FEDERAL BUREAU OF INVESTIGATION  
 FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. NOV 9 1960

-60-040502

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3080

|   |  |   |  |   |   |  |   |                          |
|---|--|---|--|---|---|--|---|--------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u> |   |  |   |                          |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Clayton</u>   |  | Length of stay in 1b  |  | c. CITY OR TOWN <u>Clayton</u>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |                          |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>St. Louis Co. Hospital</u>  |  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   | d. STREET ADDRESS (If outside, give location)<br><u>109 Aberdeen Pl.</u>    |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |                          |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Georgia</u> Middle <u>Lee</u> Last <u>Roberts</u>   |  |   |  | 4. DATE OF DEATH<br>Month <u>10</u> Day <u>23</u> Year <u>1960</u>  |   |  |   |                          |
| 5. SEX<br><u>Female</u>   | 6. COLOR OR RACE<br><u>White</u>   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> |  | 8. DATE OF BIRTH<br><u>11/15/1895</u>   | 9. AGE (last birthday)<br><u>64</u>   | IF UNDER 1 YEAR<br>Months <u>11</u> Days <u>8</u>                                    | IF UNDER 24 HR<br>Hours <u></u> Min. <u></u>  |                          |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>   |  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Housewife</u>                                |   | 11. BIRTHPLACE (City and state or country)<br><u>St. Louis</u>              |  | 12. CITIZEN OF WHAT COUNTRY<br><u>U. S. A.</u>  |                          |
| 13a. FATHER'S NAME<br><u>Charles M. Berkeley</u>  |  |   | 13b. MOTHER'S MAIDEN NAME<br><u>Hattie McCoy</u>                                     |   | 14. NAME OF HUSBAND OR WIFE<br><u>John C. Roberts Jr.</u>                   |  |   |                          |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>NO</u>   |  |   | 16. SOCIAL SECURITY NO.<br><u>No</u>   |   | 17. INFORMANT<br><u>Mrs. Chas. Upson II, 5 Lofen Woods</u>                  |  |   |                          |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Subarachnoid hemorrhage</u><br>DUE TO (b) <u>Severe brain damage</u><br>DUE TO (c) <u>Gun shot wound of head</u><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |  |   |  |   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 1/2 hrs</u>                                  |                          |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)<br><u>Self inflicted gunshot wound of head</u>                 |  |   |   |  |   |                          |
| 20c. TIME OF INJURY<br>Hour <u>X</u> a.m. <u>10/23/60</u> Month, Day, Year  |  |   |  |   |   |  |   |                          |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>   |  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><u>home premises</u>  |  | 20f. CITY, TOWN, OR LOCATION<br><u>Clayton</u>  |   | COUNTY<br><u>St. Louis</u>   |   | STATE<br><u>Missouri</u> |
| 21. I attended the deceased from <u>10-23-1960</u> to <u>10-23-1960</u> and last saw her alive on <u>10-23-1960</u><br>Death occurred at <u>11:5 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.  |  |   |  |   |   |  |   |                          |
| 22a. SIGNATURE (Degree or title)<br><u>Robert Wothers M.D.</u>  |  |   |  | 22b. ADDRESS<br><u>601 S. Brentwood Blvd.</u>   |   | 22c. DATE SIGNED<br><u>10-24-60</u>  |   |                          |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |  | 23b. DATE<br><u>Oct. 25, 1960</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Oak Grove Mausoleum</u>                     |   | 23d. LOCATION (City, town, or county) (State)<br><u>St. Louis, Missouri</u> |  |   |                          |
| 24. FUNERAL DIRECTOR<br><u>C. R. Lupton and Sons 7233 Delmar</u>  |  |   |  | 25. DATE RECD. BY LOCAL REG.<br><u>10-24-60</u>   |   | 26. REGISTRAR'S SIGNATURE<br><u>John C. Murphy M.D.</u>                              |   |                          |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Arnold W. Schaene

Licensed Embalmer No. 3864

P. O. Address St Louis

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