

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-022147

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **4151**

FILED MAY 17 1963

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

91

USE BLACK INK OR TYPEWRITER RIBBON

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MO</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST LOUIS</i>		Length of stay in 1b. <i>D.O.A.</i>	c. CITY OR TOWN <i>ST LOUIS</i>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>CITY HOSPITAL #1</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>4271 SHENANDOAH</i>
3. NAME OF DECEASED (Type or print) First <i>PAULINE</i> Middle <i>DORIS</i> Last <i>ROBERTSON</i>			4. DATE OF DEATH Month <i>4</i> Day <i>13</i> Year <i>63</i>
5. SEX <i>FEMALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>3-12-1929</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>WAITRESS</i>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <i>34 YRS</i>
13a. FATHER'S NAME <i>GEORGE RODEBAUGH</i>		13b. MOTHER'S MAIDEN NAME <i>OLGA STURTS</i>	12. CITIZEN OF WHAT COUNTRY <i>MO. U.S.A.</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) <i>NO</i>		16. SOCIAL SECURITY NO.	14. NAME OF HUSBAND OR WIFE <i>WM. ROBERTSON DEAD</i>
17. INFORMANT Address <i>GEORGE RODEBAUGH 6408 HOBART</i>			11. BIRTHPLACE (City and state or country) <i>ST LOUIS MO</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Barbiturate Poisoning, self administered in home on or about April 13th, 1963</i>			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>970.2</i>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? 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.)	
20c. TIME OF INJURY Hour _____ a.m. p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <i>11:57 P.</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
21a. SIGNATURE <i>[Signature]</i> (Degree or title)		22b. ADDRESS <i>1300 Clark</i>	22c. DATE SIGNED <i>4-15-63</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>	23b. DATE <i>4-16-63</i>	23c. NAME OF CEMETERY OR CREMATORY <i>PAK GROVE</i>	23d. LOCATION (City, town, or county) (State) <i>ST CHARLES MO</i>
24. FUNERAL DIRECTOR <i>Gene Hillman 9709 Lapeau</i>		25. DATE RECD. BY LOCAL REG. <i>APR 15 1963</i>	26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>

**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 Carl Hellem

Licensed Embalmer No. 3501

P. O. Address Overland Park

**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.