

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH  
 County St. Louis Registration District No. 258 File No. 28389  
 Township Webster Groves Primary Registration District No. 4471 Registered No. 85  
 City Webster Groves No. 300 Marshall Ave St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Carl Roam  
 (a) Residence No. 300 Marshall St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 25-1928

7. AGE YEARS X MONTHS 2 DAYS 3 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Infant  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Webster Groves  
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Elmer Roam

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Ark.

12. MAIDEN NAME OF MOTHER Paula Green

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Kans.

PARENTS

14. INFORMANT Elmer Roam  
 (Address) 300 Marshall Ave

15. FILED 8-29-28 Arthur W. Westrup  
per Elsie Benson REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 28 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1928, to Aug 27, 1928, that I last saw him alive on 8/27/28, 1928, and that death occurred, on the date stated above, at 11:15 A m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Double Bronchial  
Pneumonia  
1195  
10/7/01 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 14 ds.  
 CONTRIBUTORY Cold - and -  
 (SECONDARY)  
Diphtheria (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH: \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS? Miscroscopic Exam.  
 (Signed) Arthur W. Westrup, M. D.  
 , 1928 (Address) 533 So. Horne Ave

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Walt Hill Cemetery DATE OF BURIAL Aug 29 1928

20. UNDERTAKER A. W. M. Langlin ADDRESS 232 Rockwood

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state CAREFULLY.

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