

NOV 3 1930

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

Do not use this space.

1123

31042

1. PLACE OF DEATH  
County St. Louis Registration District No. 1123 File No. 31042  
Township Clondello Primary Registration District No. 6248-B Registered No. 327  
City Jefferson Barracks, Mo. (No. U.S. Veterans Hospital, Jefferson Brks., Mo. Ward)

2. FULL NAME Oscar R. Roberts  
(a) Residence. No. 5382-A Geraldine, St. Louis, Mo. Ward.           
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred UN yrs. kn mos. OWN da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. COLOR OR RACE White. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Pauline Roberts.  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 20, 1888  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 42 0 9  
8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Salesman.  
(b) General nature of industry, business, or establishment in which employed (or employer) Business for himself.  
(c) Name of employer Business for himself.

9. BIRTHPLACE (CITY OR TOWN) Louisville,  
(STATE OR COUNTRY) Kentucky.

10. NAME OF FATHER Samuel Roberts.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Frankfort,  
(STATE OR COUNTRY) Kentucky.

12. MAIDEN NAME OF MOTHER Elizabeth Russell.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Frankfort,  
(STATE OR COUNTRY) Kentucky.

14. INFORMANT T. J. Gallagher  
(Address) Director, U.S. Veterans' Hospital,

15. Sept. 30 1930 L. C. Obrock  
FILED REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) September 29 1930

17. I HEREBY CERTIFY, That I attended deceased from August 26, 1930 to September 29, 1930  
that I last saw h. im. alive on September 29, 1930, and that death occurred, on the date stated above, at 6:30 AM.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pulmonary Tuberculosis, Far Advanced, active.

L.B.A.  
(duration) yrs. mos. da.

CONTRIBUTORY Laryngitis, tuberculous.  
(SECONDARY)  
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH? Unknown.

DID AN OPERATION PRECEDE DEATH? No. DATE OF           
WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Physical, X-Ray & Laboratory findings.  
(Signed) W. C. Gibson M.D.  
, 19          (Address) U.S. Veterans Hospital, Jefferson Barracks, Mo.

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Culinary Cemetery DATE OF BURIAL Oct 2 1930

20. UNDERTAKER Bergesch and Co ADDRESS 366 N. 1st St. St. Louis, Mo.

PARENTS

Bergschockstad