

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

Do not use this space.

39427

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 701
Primary Registration District No. 508
(No. Mo Baptist, Sant)

File No.....
Registered No. 11617
St..... Ward)

2. FULL NAME

Eric M. Roberts
(a) Residence, No. 4100 Lafayette Ave Ward 17
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henrietta Roberts

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19, 1892
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 39 5 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (Automobile)
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico, Mo.

13. NAME Edw Roberts

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Stella Drockett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Nellie Clark
4100 Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Mexico, Mo. DATE 11-21-31

19. UNDERTAKER (ADDRESS) # P. R. Ruston
4449 Delchert

20. FILED 21 1931 W. J. Standen
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-18, 1931

22. I HEREBY CERTIFY, That I attended deceased from 11-18, 1931, to 11-18, 1931.
I last saw him alive on 11-18, 1931. Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

Ruptured Duodenal Ulcer Date of onset 11-15-31

117B
129
1110
Other contributory causes of importance:
General Peritonitis

Name of operation Laparotomy Date of 11-18-31
What test confirmed diagnosis? 24 Was there an autopsy? 24

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Cleveland H. Shurt M. D.
(Address) 305 The Metropolitan Bldg.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

