

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

Do not use this space.

2555

**1. PLACE OF DEATH**

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis

(No. City of St. Louis)

File No.....

Registered No. 248

St. .... Ward)

**2. FULL NAME** Zelma C. Roberts

(a) Residence, No. 5800 Arsenal

St. ~~13~~ Ward 13

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. mos. da.

How long in U. S., if of foreign birth?

yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22 1943

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>83</u>	<u>6</u>	<u>16</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Hwk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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) Indiana 2

MOTHER FATHER 13. NAME Elisha Tanner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Y.

15. MAIDEN NAME Junia Ball

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Y.

17. INFORMANT Mrs. M. E. Hughes (ADDRESS) 5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Jan 11 1934

19. UNDERTAKER A. W. McLaughlin (ADDRESS) 1631 Michigan Ave.

20. FILED 10 10 19 W. C. Harlow Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1 - 8 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 1932 to Jan 8 1932

I last saw her alive on Jan 8 1932 Death is said

to have occurred on the date stated above, at 12:45 m.

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

Chronic myocarditis Date of onset  
Chronic interstitial nephritis Jan 3 1931

Other contributory causes of importance:

Sensibility  
Arterio-sclerosis of leg  
unknown

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ① Date of injury....., 19.....

Where did injury occur? ① (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) J. J. Rogers, M. D.

(Address) 5600 Arsenal

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.

