

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

Do not use this space.

1. PLACE OF DEATH

County _____ Registration District No. 3003
Township _____ Primary Registration District No. _____
City St. Louis (No. City of St. Louis)

File No. 42474
Registered No. 11610
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. City of St. Louis St. 13 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence: In city or town where death occurred 35 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) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) abt. 1876

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>56</u>	<u>12</u>	<u>10</u>	<u>3</u>

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2268

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

13. NAME Adam Roberts

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

15. MAIDEN NAME Elsie Wallrod

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

17. INFORMANT Mrs M. Effinger (ADDRESS) 1058 1/2 Arsenal

18. BURIAL, CREMATION, OR REMOVAL PLACE St Louis DATE Dec 13 1932

19. UNDERTAKER Walter Richter (ADDRESS) 3500 Rutledge St

20. FILED DEC 28 1932 May E. [Signature] Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 7 1932

22. I HEREBY CERTIFY, That, I attended deceased from Dec 1 1932 to Dec 7 1932

I last saw him alive on Dec 6 1932 Death is said to have occurred on the date stated above, at 7:30 AM

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

Left heart failure
Secondary
Apoplexy cerebral

Other contributory causes of importance:

(Lues) 34

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____

If so, specify (Signed) Augustus [Signature] M. D.

(Address) Real Neap

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.

