JUN 2 8 1935

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

Do not use this space.

18555

1. PLACE OF DEATH
County St. Louis — Registration District No. 7123
Township (illegible) — Primary Registration District No. 6248 B
City Jefferson Barracks (No. Veterans Administration Facility St. ..... Ward)

File No. .....
Registered No. 174

2. FULL NAME Vincil Earl Roberts
(a) Residence, No. 1611-A So. 12th Street St., ... Ward. St. Louis, Missouri
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred Un yrs. kno mos. wn 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*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Lillian Roberts

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): September 4, 1894

7. AGE — Years: 40 — Months: 8 — Days: 5 — If LESS than 1 day, ... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Centralia, Missouri

FATHER
13. NAME: J. A. Roberts
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unavailable, Unavailable

MOTHER
15. MAIDEN NAME: Unavailable
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unavailable, Unavailable

17. INFORMANT: W. C. Gibson M.D.
(ADDRESS) Vet. Adm. Facility, Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Natural Cem. DATE 5-13-1935

19. UNDERTAKER: C. Hoffmeister Un. Co.
(ADDRESS) 7814 S. Broadway

20. FILED May 11, 1935 — G. Mowry, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1935 to May 9, 1935
I last saw him alive on May 9, 1935. Death is said to have occurred on the date stated above, at 12:55 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of meninges	Unkn.

Other contributory causes of importance:

Tuberculosis, pulmonary, chronic, far advanced, active.	Unkn.

Name of operation: Spinal Puncture — Date of: 5-5-35
What test confirmed diagnosis? Physical exam., clinical manifestations and lab. findings. — 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) W. C. Gibson M.D. Chief Med. Officer, M. D.
(Address) Vet. Adm. Facility, Jeff. Brks., Mo.

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.

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