

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

JUN 5

1936 ISOLATION HOSPITAL

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

Do not use this space.

20959

791

1. PLACE OF DEATH

County.....

Registration District No. **1008**

File No. ....

Township.....

Primary Registration District No. ....

Registered No. **5160**

City **St Louis MO** (No. **Isolation Hosp.**)

St. ....

Ward) .....

2. FULL NAME

**Bob Roberts Wade T. Roberts**

(a) Residence, No. **2044 Lafayette St.** **23** Ward.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **21** 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) **married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 13, 1901**

7. AGE YEARS **35** MONTHS **2** DAYS **28** If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **chauffer**  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Hoffman lines**  
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) **Athens Georgia**

13. NAME **Geo. A. Roberts**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kentucky**

15. MAIDEN NAME **Sarah Eads**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tenn.**

17. INFORMANT **Stella Bradley**  
(ADDRESS) **2600 Arsenal St.**

18. BURIAL, CREMATION, OR REMOVAL  
PLACE **Lakewood Park** DATE **May 14, 1936**

19. UNDERTAKER **A. W. McLaughlin**  
(ADDRESS) **2301 Lafayette Ave**

MAY 13 1936 19  
**J. P. Bredeck**  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 11, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **May 6, 1936**, to **May 11, 1936**.  
I last saw him alive on **May 10, 1936**. Death is said to have occurred on the date stated above, at **7:30 A.M.**  
The principal cause of death and related causes of importance were as follows:

**Membranopneumonia**  
**Meningitis**  
**Bronchopneumonia**  
Date of onset **5-3-36**  
Other contributory causes of importance **5-9-36**

Name of operation..... Date of.....  
What test confirmed diagnosis? **autopsy** Was there an autopsy? **yes**

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) **Henry J. Marchi**, M. D.  
(Address) **5604 Arsenal**

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

