

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

Do not use this space.

24346

1. PLACE OF DEATH *St. Louis 1936*

County *St. Louis* Registration District No. **791** File No. _____
Township _____ Primary Registration District No. _____ Registered No. **5960**
City *St. Louis* No. *St. Ann's Hospital* St. _____ Ward _____

2. FULL NAME *Infant twin Eugene Roberts*
(a) Residence, No. _____ St. *N.P.* Ward. *Overland Mo.*
(Usual place of abode) (If nonresident, give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Male* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 23, 1936*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *13*

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) *St. Louis Mo.*

FATHER 13. NAME *Eugene C. Roberts*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Knobville Tenn.*

MOTHER 15. MAIDEN NAME *Elizabeth Smith*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Knobville Tenn.*

17. INFORMANT *Eugene Roberts*
(ADDRESS) *6211 St. Charles Rock Rd*

18. BURIAL, CREMATION, OR REMOVAL *Memorial Park* DATE *6-9-36*

19. UNDERTAKER *Chas. J. Stewart*
(ADDRESS) *225 Union Blvd.*

20. FILE NO. *JUN 9 1936* *J. Brebeck*
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 5, 1936*

22. I HEREBY CERTIFY That I attended deceased from *May 23, 1936* to *June 5, 1936*
I last saw him alive on *June 5, 1936* Death is said to have occurred on the date stated above, at *7:55 P.M.*
The principal cause of death and related causes of importance were as follows:
enteritis Date of onset *June 1st*

Other contributory causes of importance: *159*

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) *J. H. Brock*, M. D.
(Address) *1467 Union Ave*

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.

WRITE CLEARLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD

