

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32842
Do not use this space.

1. PLACE OF DEATH - Homer G Phillips Hospital 791
 (a) County Registration District No. 1003
 (b) Township Primary Registration District No.
 (c) City St. Louis, Missouri (d) Street No. St.
 (e) Length of residence in city or town where death occurred 13 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME John Roberts
 (a) Residence, No. 1927 Carr Avenue St. 21
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 19, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1937 to Sept. 19, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 31, 1884

I last saw him alive on Sept. 19, 1937. Death is said to have occurred on the date stated above, at 11:35 a.m.
 The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 3 18

Carcinoma of Rectum with Metastases Date of onset 6/11/37

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Common
 9. Industry or business in which work was done, as saw mill, bank, etc. Laborer
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

Other contributory causes of importance: HOT

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

Name of operation Date of
 What test confirmed diagnosis? Clinical Was there an autopsy? No.

FATHER 13. NAME Henry Selbby
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

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.

MOTHER 15. MAIDEN NAME Lucy Yancey
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

Manner of injury
 Nature of injury

17. INFORMANT Evelyn D Hilliard
 (ADDRESS) 2601 N Whittier

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) [Signature] M. D.
 (Address) 2601 N Whittier

18. BIRTHAL, CREMATION, OR REINTERMENT Washing
Father Bredeck DATE Sept 25 1937

19. FUNERAL DIRECTOR Wm C. McDowell
 (ADDRESS) 3506 Franklin Ave

20. SEP 24 1937 SEP 24 1937
J. Bredeck Local Registrar.

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.

2232 2430

STATEMENT BY LICENSED EMBALMER

I, William C. McDowell, Licensed Embalmer No. 2114

hereby certify that the body recorded on the reverse side of this certificate was embalmed by ME

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)