OCT 14 1937

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

791

33042
Do not use this space.

1. PLACE OF DEATH
(a) County .... Registration District No. 1003
(b) Township .... Primary Registration District No. .... Registered No. 9096
(c) City St. Louis (d) Street No. City Hospital No.1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

C. 9158

2. PRINT FULL NAME Emma Roberts
(a) Residence, No. 610 Barry St. 23
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ?Unknown
7. AGE YEARS Abt. 61 MONTHS DAYS If LESS than 1 day, ...hrs. or ......min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. nil
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) ?Unknowb

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

MOTHER
15. MAIDEN NAME ?Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Hosp. Info M.Kent
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE City Crematory DATE 9/30/37

19. FUNERAL DIRECTOR David Von Tilsan
(ADDRESS) C. & Fi

20. FILED SEP 29 1937 J F Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/24/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 9/23/37, 19 , to 9/24/37, 19 .
I last saw her alive on 9/24/37, 19 . Death is said to have occurred on the date stated above, at 10.55 p.m.
The principal cause of death and related causes of importance were as follows: Date of onset

Epidemic Encephalitis

17

Other contributory causes of importance:

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) E. P. Reh, M. D.
(Address) City Hospital No.1

(Licensed Embalmer's Statement on Reverse Side)

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 PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1 X12004

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

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

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)