DEC 28 1937

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

Do not use this space.

1. PLACE OF DEATH

County Saint Louis — Registration District No. 1123 — File No. 42482

Township Carondelet — Primary Registration District No. 6248 B — Registered No. 446

City Jefferson Barracks (No. Veterans Facility St. Ward)

2. FULL NAME Lee S. ROBERTS

(a) Residence, No. Star Route St., Ward. Gladden, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Unkn. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

96

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 rs. Stella Roberts

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 6, 1880

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
57	0	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) March, 1937

11. Total time (years) spent in this occupation 7 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shannon City, Iowa.

FATHER

13. NAME Vance W. Roberts

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Indiana

MOTHER

15. MAIDEN NAME Stella Osmond

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Wisconsin

17. INFORMANT (ADDRESS) Clinical Clerk M. Schillig VAF Jefferson Barracks, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cem. DATE Nov. 16 1937

19. UNDERTAKER (ADDRESS) C. Hoffmeister U. & L. Co. 7814 S. Broadway

20. FILED Nov. 15 1937 G. Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 13 1937

22. I HEREBY CERTIFY, That I attended deceased from September 2, 1937, to November 13, 1937

I last saw him alive on November 13, 1937. Death is said to have occurred on the date stated above, at 1:48A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, generalized with myocardial disease with hypertrophy and dilatation- congestive type of cardiac failure.	Unkn.
Other contributory causes of importance: Nephritis, chronic with marked retention of nitrogen.	Unkn.

131

Name of operation None Date of

What test confirmed diagnosis? Phy. clinical manif. and laboratory Was there an autopsy? NO

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 C. W. Hughes

(Signed) C. W. HUGHES, Chief Med. Officer, M. D.

(Address) VAF Jefferson Barracks, Mo.

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

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.

FORM 10-22-38 X9314