

REC'D APR 11 1938

## MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

9437

Do not use this space.

## 1. PLACE OF DEATH

(a) County ..... Registration District No. 1003  
 (b) Township ..... Primary Registration District No. 1003  
 (c) City St. Louis (d) Street No. 791 Registered No. 3026  
 (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 Unavailable (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Mathew Roberson 162

(a) Residence, No. 9214 Riverview Blvd. St. 8  
 (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 Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
 (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unavailable 1889

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
49

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer  
 9. Industry or business in which work was done, as saw mill, bank, etc. Day work  
 10. Date deceased last worked at this occupation (month and year) March 1938 11. Total time (years) spent in this occupation Unk

12. BIRTHPLACE (CITY OR TOWN) St. Louis, 0  
 (STATE OR COUNTRY) Missouri 0

13. NAME Charles Roberson

14. BIRTHPLACE (CITY OR TOWN) Unavailable 0  
 (STATE OR COUNTRY) Missouri 0

15. MAIDEN NAME Nancy Jane Hunter

16. BIRTHPLACE (CITY OR TOWN) Unavailable 1  
 (STATE OR COUNTRY) Missouri

17. INFORMANT Alfred H. Brown  
 (ADDRESS) Prospect Hill, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Mar 31, 1938

19. FUNERAL DIRECTOR Charles J. Bates  
 (ADDRESS) 4107 Finney Avenue

20. FILE MAR 30 1938 J. D. Buchick  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY AND YEAR) March 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 12:54 a.m.

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

Cerebrovascular primary  
 Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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.....

(Signed) Alfred H. Brown, M.D.(Address) Deputy Coroner

(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.

1 X12004

**STATEMENT BY LICENSED EMBALMER**

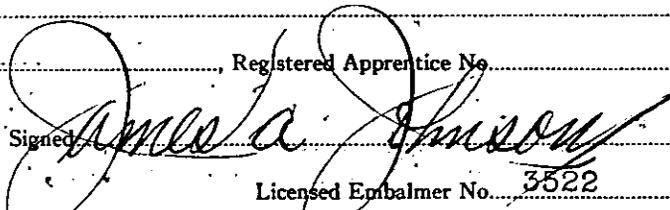
I, James A. Johnson, Licensed Embalmer No. 3522

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

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_  
working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

Signed 

Licensed Embalmer No. 3522

**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.)**