

REC'D MAY 10 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

12890
Do not use this space.

1. PLACE OF DEATH **Homer G Phillips Hospital** 791
 (a) County Registration District No. 1008
 (b) Township Primary Registration District No.
 (c) City **St. Louis** (d) Street No. **2601** N Whittier 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 **30** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Albert Roper** / 60
 (a) Residence, No. **2712a Bernard** St. **22** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M	4. COLOR OR RACE C	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) January 1, 1883		
7. AGE	YEARS 55	MONTHS 3
		DAYS 10
		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) Georgia		
FATHER	13. NAME John Roper	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia	
MOTHER	15. MAIDEN NAME Pearlie Barber	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia	
17. INFORMANT (ADDRESS) Evelyn Hilliard 2601 N Whittier		
18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickson DATE April 16 19 38		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) F. H. Green 2915 Franklin Avenue		
20. FILED APR 14 1938 J. P. Budick Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 11** 19**38**

22. I HEREBY CERTIFY, That I attended deceased from **January 23** 19**38** to **April 11** 19**38**
 I last saw him alive on **April 11** 19**38** Death is said to have occurred on the date stated above, at **12:25** m. **a.m.**
 The principal cause of death and related causes of importance were as follows:
Hypertensive heart disease ✓ Date of onset
1/23/38

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? **clinical** 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 **W. L. Lewis**, M. D.
 (Signed) (Address) **2601 N Whittier**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me

J. A. Green

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

J. A. Green

Licensed Embalmer No. 2963

P. O. Address St. Louis MO

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.)

If this body is not embalmed, above space should be left blank.