

REC'D JUL 12 1938

## MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

791

20501

Do not use this space.

1008

5640

## 1. PLACE OF DEATH

- (a) County..... Registration District No.....  
 (b) Township..... Primary Registration District No..... Registered No.....  
 (c) City Saint Louis (d) Street No. 3424 Pine Street 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 Unavailable (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Fannie Roberts

- (a) Residence, No. 3424 Pine Street St. 21 (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 <b>Female</b>	4. COLOR OR RACE <b>Negro</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ( <i>write the word</i> ) <b>Married</b>
5A. IF MARRIED, <del>WIDOWED</del> OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Harry Roberts</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>October 13, 1871</b>		
7. AGE YEARS <b>66</b>	MONTHS <b>8</b>	DAYS <b>5</b>
IF LESS than 1 day, ..... hrs. or ..... min.		
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>Housewife</b>		
9. Industry or business in which work was done, as saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year) <b>May 1938</b>		
11. Total time (years) spent in this occupation <b>Unk</b>		
12. BIRTHPLACE (CITY OR TOWN) <b>Nashville</b> (STATE OR COUNTRY) <b>Tennessee</b>		
13. NAME <b>James Harris</b>		
14. BIRTHPLACE (CITY OR TOWN) <b>Nashville</b> (STATE OR COUNTRY) <b>Tennessee</b>		
15. MAIDEN NAME <b>Unavailable</b>		
16. BIRTHPLACE (CITY OR TOWN) <b>Nashville</b> (STATE OR COUNTRY) <b>Tennessee</b>		
17. INFORMANT <b>Harry Roberts</b> (ADDRESS) <b>3424 Pine Street</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Washington Park</b> DATE <b>June 22, 1938</b>		
19. FUNERAL DIRECTOR (NAME) <b>Charles J. Bates</b> (ADDRESS) <b>4107 Finney Avenue</b>		
20. FILE <b>JUN 22 1938</b> <b>J. B. Budeck</b> Local Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 18,** 19 **38**22. I HEREBY CERTIFY, That I attended deceased from **Jan 1st** 19 **38**, to **June 18** 19 **38**  
I last saw h. or alive on **June 18** 19 **38** Death is saidto have occurred on the date stated above, at **11:30** a.m.  
The principal cause of death and related causes of importance were as follows:

**Hemorrhage, Inter cerebral**  
**(Hemiplegia)**

Other contributory causes of importance:  
**Myocarditis, Chronic**  
**Nephritis, Chronic**  
**Hypertension**

Name of operation..... Date of.....  
What test confirmed diagnosis? **Urinal** 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 **Max G. Bierman M.D.**  
(Signed) **1021 North Grand Avenue**, M. D.

(Address).....

(Licensed Embalmer's Statement on Reverse Side)

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.

X14028

**STATEMENT BY LICENSED EMBALMER**

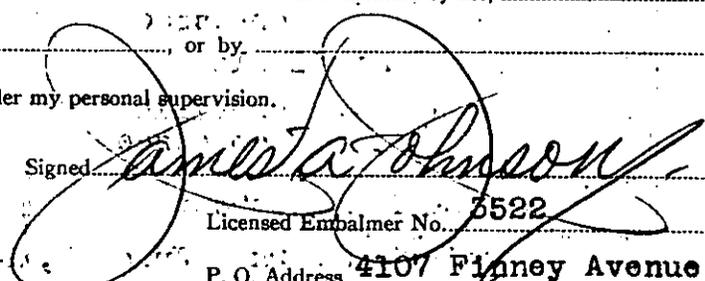
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

**James A. Johnson**

....., or by .....

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

Signed



Licensed Embalmer No. **3522**

P. O. Address **4107 Finney Avenue**

**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.**