

REC'D MAR 13 1939

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

4794
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1008**
 (c) City **Saint Louis** (d) Street No. **St. Marys Infirmary** 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 **27** yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME **Dorothy Smith Roberts**

(a) Residence, No. **1345 Argus Avenue** St. **NR Richmond Heights Mo**
 (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 **Negro** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, ~~WIFE OF~~ **HUSBAND OF** **Leonard Roberts**
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **November 6, 1911**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
27 3 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**
 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) **Unavailable** 11. Total time (years) spent in this occupation **Unk.**

12. BIRTHPLACE (CITY OR TOWN) **Saint Louis** 0
 (STATE OR COUNTRY) **Missouri**

FATHER 13. NAME **James Smith** 1

14. BIRTHPLACE (CITY OR TOWN) **Nashville** 1
 (STATE OR COUNTRY) **Tennessee**

MOTHER 15. MAIDEN NAME **Katie Butterworth**

16. BIRTHPLACE (CITY OR TOWN) **Nashville**
 (STATE OR COUNTRY) **Tennessee**

17. INFORMANT **James Smith**
 (ADDRESS) **1345 Argus Avenue**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Calvary Cemetery** DATE **2/16/39**

19. FUNERAL DIRECTOR (NAME) **Charles J. Gatas**
 (ADDRESS) **4107 Finney Avenue**

20. FILED **FEB. 15** 19 **39** **J. F. Bruck**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **February 13, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **now** **4** 19 **38** to **February 13, 1939**

I last saw him/her alive on **February 13, 1939** Death is said to have occurred on the date stated above, at **10:40 A.M.**

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

Hydrocephrosis, no stones
Sepsis, caused by hydrocephrosis

Date of onset

Other contributory causes of importance: **1330**

Name of operation Date of
 What test confirmed diagnosis? **Autopsy** Was there an autopsy? **Yes**

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) **W. Alfonso** M. D.
 (Address) **2316a Market Street**

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.

OCT 18 1948

STATEMENT BY LICENSED EMBALMER

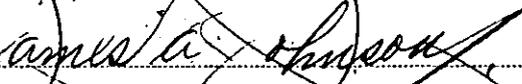
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson

....., 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.