

APR 12 1939

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

8800  
Do not use this space.  
2565

1. PLACE OF DEATH

(a) County..... 2 Registration District No. 791  
(b) Township..... Primary Registration District No. 1003 Registered No.  
(c) City St. Louis Mo (d) Street No. 329 1/2 So. Ewing Ave St.  
(If death occurred in Hospital or Institution, write its name in place of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 329 1/2 So. Ewing St. 18 (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 Female  
4. COLOR OR RACE Negro  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown  
widowed  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
abt. 83

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. None  
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) Alabama

FATHER  
13. NAME Cary Roberson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala

MOTHER  
15. MAIDEN NAME unk

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

17. INFORMANT (ADDRESS) Mattie Hill  
329-20 Ewing

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 3. 18. 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Arkins Bros  
364 1/2 Ewing Ave

20. FILE J. P. Pichler Local Registrar

MAR 18 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-16, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1939 to March 16, 1939

I last saw her alive on March 15, 1939 Death is said to have occurred on the date stated above, at 10 A. m.

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

Myocarditis

Date of onset  
6 Mo

Other contributory causes of importance:

Parenchymatous nephritis

1 yr

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? no  
If so, specify W. Brown

(Signed) W. Brown, M.D.

(Address) 1376 Franklin

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.

1 X14023

**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, .....

*Louis V. Atkins*

or by .....

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

Signed

*Louis V. Atkins*

Licensed Embalmer No. ....

*2842*

P. O. Address

*3644 Finney*

**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.**