

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **5666**

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 345 Christian Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

In this community Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis 8
(If outside city or town limits, write "RURAL")

(d) Street No. 345 Christian Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Charles Roy Roberts 163

3. (b) If veteran, name war None

3. (c) Social Security No. 492-05-2117

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2nd
year 1940 hour 3:15 AM minute _____ M.

21. I hereby certify that I attended the deceased from Jan. 8th
1940 July 2 1940
that I last saw him alive on July 1 1940
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Augusta Roberts nee Drews 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased October 30, 1876
(Month) (Day) (Year)

Immediate cause of death Carcinoma of Rectum 6 Mo.
Duration

8. AGE:

Years	Months	Days	If less than one day
<u>63</u>	<u>8</u>	<u>2</u>	hr. _____ min.

Due to _____

Due to _____

Other conditions H/O
(Include pregnancy within 3 months of death)

9. Birthplace Trenton Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Watchman

11. Industry or business St. Louis Car Co.

Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name John F. Roberts

13. Birthplace Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Augusta Roberts

(b) Address 345 Christian Ave

17. (a) Burial (b) Date thereof 7/4/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laurel Hill Cemetery

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) JUL 7 1940 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

23. Signature W. Chopin (M. D. or other) _____

Address 8321 N. Broadway Date signed 7/2/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *William G. Buchholz*

Licensed Embalmer No. *2110*

P. O. Address *S. A. Souir, 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.