

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

23402

Registration District No. 7911

Primary Registration District No. 1003

Registrar's No. 5847

1. PLACE OF DEATH:

- (a) County _____
- (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution:
BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME VIRGINIA LEE ROBERTS 163

3. (b) If veteran, name war No. 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Charles 6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased Aug. 18 1916
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>23</u>	<u>10</u>	<u>23</u>	hr. _____ min.

9. Birthplace Carbondale Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER, FATHER { 12. Name Felix Rushing

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

14. Maiden name Myrtle Whittington

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

16. (a) Informant's own signature Ham. S. Roberts

(b) Address Murphysboro, Ill.

17. (a) Removal (b) Date thereof 7-12-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Murphysboro, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4300 Washington Ave.

19. (a) JUL 11 1940 (b) J. Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State ILLINOIS (b) County _____
- (c) City or town MURPHYSBORO NR
(If outside city or town limits, write "RURAL")
- (d) Street No. 3111 WALL
(If rural, give location)
- (e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11
year 1940 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from June 26, 1940, to July 11, 1940;
that I last saw her alive on July 11, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Lymphosarcoma, 2 years 3 mos
Primary undetermined
Due to _____
Due to _____

Other conditions 63
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

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 _____

23. Signature Robert K. ... (M. D. or other) MD
Address BARNES HOSPITAL Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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 X10251

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

Albert V. Warner

Licensed Embalmer No. *1865*

P. O. Address.....

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.