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(25159)

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MAR 25 1941
Registration District No. 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 5615
1863
Registrar's No.

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: Romer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 2 1/2 Hours
In this community. Life
years, months or days) (Specify whether)

3. (a) PRINT FULL NAME Gladys Watson Roberts
3. (b) If veteran, name war Nil
3. (c) Social Security No. Nil

4. Sex Female 5. Color or race Col
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife. _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased November 26, 1904
(Month) (Day) (Year)

8. AGE: Years 36 Months 2 Days 29
If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business at home

MOTHER FATHER
12. Name William Watson
13. Birthplace Baton Rouge La.
(City, town, or county) (State or foreign country)
14. Maiden name Tinie Foster
15. Birthplace La.
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Watson

(b) Address 2511 Soode Ave.

17. (a) BURIAL (b) Date thereof 3/11/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation E. St. Louis 146

18. (a) Signature of funeral director R. M. C. Gue

(b) Address 3517 Soode Ave.

19. (a) FEB 27 1941 (b) J. T. B. [Signature]
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Missouri (b) County 18
(c) City or town. St. Louis 9 21
(If outside city or town limits, write "RURAL")
(d) Street No. 2125 Lucas Ave.
(If rural, give location)
(e) ~~Was born, how long in St. Louis~~ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 25
year 1941 hour 8 minute 12 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis
Due to Renal
43
Other conditions (include pregnancy within 3 months of death) _____
Major findings: _____
Of operations 82
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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury 3

23. Signature: [Signature] (M. D. or other) _____
Address [Signature] Date signed 2/27/41

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

P. M. Green

Licensed Embalmer No. 1173

P. O. Address 3517 Soledad Ave

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, fact should be so stated above.