

FILED MAY 9 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 15754

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 812

1. PLACE OF DEATH:

(a) County: St. Louis  
(b) City or town: Clayton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Louis County Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 days (Specify whether  
In this community 16 years (Month) (Day) (Year)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: St. Louis  
(c) City or town: S. Kinloch 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. McHenry & Scott Ave., 0  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME

Georgia Roberts

3. (b) If veteran,

name war: unknown

3. (c) Social Security

No. unknown

4. Sex: female 5. Color or race: colored 6. (a) Single, widowed, married: divorced widow 7

6. (b) Name of husband or wife: Boyd Roberts 6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: Oct. 5 1871 (Month) (Day) (Year)

8. AGE: Years 69 Months 6 Days 6 If less than one day hr. min.

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

10. Usual occupation: nil.

11. Industry or business:

12. Name: Henry Jenkins

13. Birthplace: Unknown Ky. (City, town, or county) (State or foreign country)

14. Maiden name: Emily McClure

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

16. (a) Informant: Beulah News

(b) Address: S. Kinloch

17. (a) Burial (b) Date thereof: Apr. 19 1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Washington PK

18. (a) Signature of funeral director: English Ind. Co

(b) Address: 2139 Leves

19. (a) Date received local Registrar: APR 17 1941 (b) Registrar's signature: J. C. Meyer

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11 year 1941 hour 11 minute: 05 A.M.

21. I hereby certify that I attended the deceased from 4-7-41 to 4-11-41 that I last saw her alive on 4-11-41 and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Decompensation 3 Hrs  
Due to: Arteriosclerosis heart disease 10 yrs

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

Major findings: Of operations: Of autopsy:

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: B. G. Stubbins (M. D. or other) AND  
Address: W. Boy Date signed

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

16  
2  
3

91.2

**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 *Burleson English*

Licensed Embalmer No. *4208*

P. O. Address *2931 Lucas 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.**