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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED AUG 8 1941

Registration District No. 154

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26111 26191

Primary Registration District No. 101

Registrar's No. 1519

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 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 29 days (Specify whether years, months or days)

In this community 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: St. Louis 96

(c) City or town: Overland (If outside city or town limits, write "RURAL") 18

(d) Street No.: 2423 Adams Ave. (If rural, give location) 1

(e) Citizen of foreign country? ~~xxxx~~ No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: William J. Roberts

3. (b) If veteran, name war: unknown

3. (c) Social Security No.: unknown

4. Sex: male

5. Color or race: white

6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: Lillian Bidlemann

6. (c) Age of husband or wife if alive: ? years

7. Birth date of deceased: July (Month) 27, (Day) 1860 (Year)

8. AGE: Years	Months	Days	If less than one day
80	11	23	hr. min.

9. Birthplace: unknown (City, town, or county) England (State or foreign country)

10. Usual occupation: nil.

11. Industry or business:

FATHER
12. Name: Richard Pierce Roberts
13. Birthplace: unknown (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name: Elizabeth Velenoweth
15. Birthplace: unknown (City, town, or county) England (State or foreign country)

16. (a) Informant: George Westerman
(b) Address: address are overland mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-23-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Laurel Hill mem. gardens

18. (a) Signature of funeral director: Bauman Bros
(b) Address: overland mo

19. (a) JUL 22 1941 (Date received local registrar) J. R. Meyer M.D. Dep (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20 year 1941 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from 6-21-41, 19..., to 7-20-41, 19...; that I last saw him alive on 7-20-41, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
1. Bronchopneumonia	3 da.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Arteriosclerotic Heart Disease; Hypertrophy of prostate; Urinary retention	?

Major findings of operations:

Of autopsy:

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:

23. Signature: H. L. Zoellinger (M. D. or other) O
Address: G. Tobey Date signed:

(Licensed Embalmer's Statement on Reverse Side)

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 [signature]

Licensed Embalmer No. 3501

P. O. Address Ireland mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.