

Registration District No. 957

Primary Registration District No. 3036

Registrar's No. 273

1. PLACE OF DEATH: *St. Charles*

(a) County: St. Charles

(b) City or town: St. Charles

(c) Name of hospital or institution: 919 N. 6th. St.

(d) Length of stay: In hospital or institution..... (Specify whether)

In this community..... (Specify whether)

2. USUAL RESIDENCE OF DECEASED: *92*

(a) State: Missouri (b) County: St. Charles

(c) City or town: St. Charles

(d) Street No.: 919 N. 6th. St.

(e) Citizen of foreign country? No. (Yes or No)

3. (a) PRINT FULL NAME: Homer Howard Roberts

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

3. (c) Social Security No.: 493-05-7238

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16th. year 1942 hour 8:50 minute a. M.

4. Sex: Male

5. Color or race: Negro

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

6. (b) Name of husband or wife: Dorothy Roberts

6. (c) Age of husband or wife if alive: 37 years

7. Birth date of deceased: May 12th. 1907

21. I hereby certify that I attended the deceased from Jan. 7th. 1942 to March 16th. 1942; that I last saw him alive on March 16th. 1942; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>34</u>	<u>10</u>	<u>4</u>hr.min.

Immediate cause of death: Aortic Insufficiency *7 mo.*

9. Birthplace: Columbia Missouri

10. Usual occupation: Apprentice-Druggist

11. Industry or business:

Due to.....

Due to.....

Other conditions: Nephritis *7 mo.*

MOTHER { 12. Name: Howard Roberts

13. Birthplace: Columbia Missouri

14. Maiden name: Cora Johnson

15. Birthplace: Ashland Missouri

Major findings: *1318*

Of operations.....

Of autopsy.....

PHYSICIAN: _____

16. (a) Informant: Katie Washington

(b) Address: 1021 E. Atchison, Jeff. City

17. (a) removal (b) Date thereof: 3-19th. 42

(c) Place: burial or cremation: Log Province, Mo.

18. (a) Signature of funeral director: Chas. J. Gates

(b) Address: 4107 Finney Ave. St. Louis.

19. (a) March 19 1942 (b) Carlene J. Usher

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?.....

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

While at work?..... (Specify type of place) (c) Means of injury: 0

23. Signature: [Signature] (M. D. or other) 0

Address: #200 Main St. Date signed: 3-17-42

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

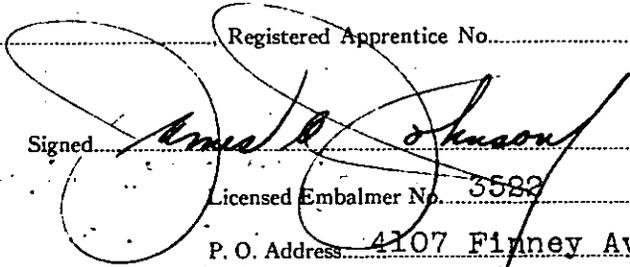
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson

working under my personal supervision.

Registered Apprentice No.....

Signed..... 

Licensed Embalmer No. 3522

P. O. Address 4107 Finney 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.