

S. No. 2  
1-14-41  
5-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

13095

State File No. \_\_\_\_\_  
Registrar's No. 3596

FILED MAY 7 1942  
Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

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

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St Louis  
(c) Name of hospital or institution:  
at City Hosp. #2  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days Life

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St Louis  
(d) Street No. 1027 1/2 No Leonard ave  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Charles H. Roberts  
(b) If veteran, name war World  
(c) Social Security No. 444K

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 15th  
year 1942 hour 4 minute 10 P M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_  
\_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race negro  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

Immediate cause of death \_\_\_\_\_  
Lobar Pneumonia;  
Chronic Myocarditis.  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

7. Birth date of deceased: Jan 29 1890  
(Month) (Day) (Year)  
8. AGE: Years 52 Months 2 Days 16  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions \_\_\_\_\_  
(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.

9. Birthplace St Louis mo  
(City, town, or county) (State or foreign country)  
10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
12. Name Edward Roberts  
13. Birthplace Missouri  
14. Maiden name Sarah Wilkerson  
15. Birthplace Missouri

16. (a) Informant James Roberts  
(b) Address 1027 1/2 No Leonard ave  
17. (a) Burial (b) Date thereof April 22 42  
(c) Place: burial or cremation St. Ann's Park Neph

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? \_\_\_\_\_

18. (a) Signature of funeral director J. F. Randall  
(b) Address 3133 Bell ave  
19. (a) 1942 (b) J. F. Bredbeck  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
23. Signature Alfred J. Perry (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed 4/16/42

(Licensed Embalmer's Statement on Reverse Side)

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**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.....

*J. J. Watson*  
.....  
Licensed Embalmer No. *2691*

P. O. Address.....  
*2705 Charlotte*

**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.**