V. S. No. 2
DM—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16595

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4754

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1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer Phillips Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 mos. 17 days (Specify whether years, months or days)
In this community 18 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 2 | 17 | 9
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 1027 N. Leonard
(If rural, give location)
(e) Citizen of foreign country? O (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Essie Turner Roberts
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife James Roberts
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased Dec 6 (Month) 1908 (Day) (Year)

8. AGE: Years 33 Months 5 Days 20 If less than one day hr. min.

9. Birthplace Montrose (City, town, or county) Ark (State or foreign country)
10. Usual occupation Housework
11. Industry or business
12. Name Dan Martin
13. Birthplace Montrose (City, town, or county) Ark (State or foreign country)
14. Maiden name Rosie Carter
15. Birthplace Portland (City, town, or county) Ark (State or foreign country)
16. (a) Informant Rose Patterson
(b) Address 1135 N. Leonard
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-1-42 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director J. Kandle & Son
(b) Address 3133 Bell ave
19. (a) MAY 31 1942 (Date received local registrar) (b) J. F. Bulech (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26, year 1942 hour 9 minute 00 P. M.
21. I hereby certify that I attended the deceased from December 9, 1941 to May 26, 1942 that I last saw her alive on May 26, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
General Paresis	Indef.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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 W. J. Erwin (M. D. or other)
Address 2600 Walton Date signed 5/28/42

(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 G. H. Watson

Licensed Embalmer No. 2698

P. O. Address 2769 Chouteau

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.