

FILED JUN 1942

Registration District No. 787

Primary Registration District No. 200

Registrar's No. 1161

1. PLACE OF DEATH

(a) County St Louis
(b) City or town Koch
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Robert Koch Hospital D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 1/2 yrs 7 mos 23 days
(Specify whether
In this community 13 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis ⁰⁰⁰
(c) City or town St Louis ¹⁷
(If outside city or town limits, write "RURAL") ⁹
(d) Street No. 3402 a Kochside Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25
year 1942 hour 10 minute 05 P. M.
21. I hereby certify that I attended the deceased from either
2, 1940, to May 25, 1942
that I last saw her alive on May 25, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
Acute Peritonitis
Tuberculous Peritonitis
Due to _____
Due to _____
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations Tuberculous Peritonitis
Of autopsy Acute Peritonitis
Tuberculous Peritonitis

Duration

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Frank Cohen (M. D. or other) M.D.
Address Robert Koch Hosp Date signed May 26/42

3. (a) PRINT FULL NAME MINNIE ROBERTS

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex F 5. Color or race N 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 18 1929
(Month) (Day) (Year)

8. AGE: Years 13 Months 4 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace St Louis Mo D
(City, town, or county) (State or foreign country)

10. Usual occupation school

11. Industry or business _____

12. Name Tarthen Roberts

13. Birthplace Oklahoma Miss
(City, town, or county) (State or foreign country)

14. Maiden name Ella Randerdale

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

16. (a) Informant Hospital Record

(b) Address Robert Koch Hospital

17. (a) Burial (b) Date thereof 5-29-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cmty

18. (a) Signature of funeral director Ellis Funeral Home

(b) Address 2830 Stoddard St.

19. (a) MAY 28 1942 (b) C. J. Mc Yarron
(Date received local registrar) (Registrar's signature)

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

600

7:9

ELLIS

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 L. Boy
....., Registered Apprentice No. 97
working under my personal supervision.

Signed Tommy Boyer
Licensed Embalmer No. 29
P. O. Address St. Louis Mo.

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.