

S. No. 2  
1-9-4-41  
7-5-17-39  
PI X29424

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

38085

State File No. ....

FILED DEC 10 1942

Registration District No. 180

Primary Registration District No. 200

Registrar's No. 2503

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

1. PLACE OF DEATH: ST. LOUIS

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

(d) Length of stay: In hospital or institution 340 days  
(Specify whether)

In this community 340 days  
years, months or days

2. USUAL RESIDENCE OF DECEASED: 000

(a) State MISSOURI (b) County 17

(c) City or town ST. LOUIS 9  
(If outside city or town limits, write "RURAL")

(d) Street No. 2307 DIVISION  
(If rural, give location)

(e) Citizen of foreign country? 18 (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME HENRY M<sup>C</sup>ROBERTS

3. (b) If veteran, name war 110

3. (c) Social Security No. WILLIAM 116 CAN

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 29  
year 1942 hour 1 minute 18 A.M.

21. I hereby certify that I attended the deceased from 12-19, 1941, to 11-29, 1942  
that I last saw him alive on 11-29, 1942  
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 WIDOWED

6. (b) Name of husband or wife LOVERA SIMS 6. (c) Age of husband or wife if alive 1891 years

7. Birth date of deceased: (Month) 1 (Day) - (Year) 1891

Immediate cause of death: Pulmonary Tuberculosis 5 yrs (?)

Due to 13 1/2

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years 51 Months 10 Days 13 If less than one day hr. min.

9. Birthplace LEBANON CO. MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business

12. Name TAYLOR M<sup>C</sup>ROBERTS

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

14. Maiden name VIRGINIA

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

16. (a) Informant PATIENT

(b) Address \_\_\_\_\_

17. (a) Burial (b) Date thereof 12 3 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mellwood Cen

18. (a) Signature of funeral director A. F. Walton

(b) Address 2707 STUBBARD ST

19. (a) DEC 2-1942 (b) C. L. McKernan  
(Date received by local registrar) (Registrar's signature)

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)

Means of injury 1

23. Signature Samuel J. Kuebler (M. D. or other) \_\_\_\_\_

Address Koch, Miss., Mo Date signed 12/22/42

**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 Arthur L. Hilliard  
Licensed Embalmer No. 4221  
P. O. Address 2649<sup>e</sup> Delmar Blvd

**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.**