S. No. 2
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S-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

12694

State File No. 3831

FILED MAY 3 1943 318

Registration District No. _____ Primary Registration District No. 1005 Registrar's No. _____

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

(d) Length of stay: In hospital or institution 17 days (Specify whether years, months or days)

In this community 14 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis, (If outside city or town limits, write "RURAL")

(d) Street No. 1514 Cole St. (If rural, give location)

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

If yes, name country _____

000 12 9 25

3. (a) PRINT FULL NAME Ida Roberson

3. (b) If veteran, name war _____

3. (c) Social Security No. 495-14-7397

4. Sex Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife G.G. Roberson

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

7. Birth date of deceased Oct (Month) 12 (Day) 1879 (Year)

8. AGE: Years 63 Months 6 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Rising Farm, Georgia (City, town, or county) (State or foreign country)

10. Usual occupation Pickle Packer

11. Industry or business _____

FATHER
12. Name Unavailable
13. Birthplace Unavailable (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Catherine Floyd
15. Birthplace Unavailable (City, town, or county) (State or foreign country)

16. (a) Informant James Love

(b) Address 1514 Cole (rear)

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/26/43. (Month) (Day) (Year)

(c) Place: burial or cremation Green Wood Cem.

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

(b) Address 4107 Finney Ave.

19. (a) APR 26 1943 (Date received local registrar) (b) J. P. Bassett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22, year 1943 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from April 5, 1943 to April 22, 1943; that I last saw her alive on April 22, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteriosclerotic Heart Disease	Unknown
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 Alva Moore (M. D. or other)

Address Hoard Building Date signed 4/23/43

(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 William C. McDowall, Registered Apprentice No.....,

working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2414

P. O. Address 1711 North Taylor Avenu

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.