. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 20 1944

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 13261

Registrar's No. 3255

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Stone Nursing Home 4 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution any 8. 1943 (Specify whether years, months or days)
In this community Stone's nursing Home 4 3 7 3 W Pine St

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17 (If outside city or town limits, write "RURAL")
(d) Street No. 4300 Lindell Blvd. 9 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EMILE DeMUN ROBERTS.

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female 1

5. Color or race White

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

6. (b) Name of husband or wife none

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

7. Birth date of deceased Aug. (Month) 9th (Day) 1885 (Year)

8. AGE: Years 58 Months 7 Days 27 If less than one day hr. min.

9. Birthplace Allegheny City (City, town, or county) Penn. 1 (State or foreign country)

10. Usual occupation none

11. Industry or business

FATHER
12. Name Frank M. Roberts.
13. Birthplace Steubenville, (City, town, or county) Ohio. 1 (State or foreign country)

MOTHER
14. Maiden name Margaret Wilson Roberts.
15. Birthplace Unknown. (City, town, or county) 9 (State or foreign country)

16. (a) Informant Edmond A. B. Garesche.
(b) Address 408 Olive St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-8-44 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director C. R. Lupton & Sons.
(b) Address 7233 Delmar Blvd.

19. (a) APR 7 1944 (Date received local registrar) (b) J. Bredel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6th year 1944 hour 11:30 minute A. M.

21. I hereby certify that I attended the deceased from Feb 13 1943 to April 6 1944 that I last saw him alive on April 6 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Gastric Hemorrhage	2 days
Due to Chronic Phlebitis involving subclavian vein & its tributaries	[illegible]
Due to Vascular lesion of heart & myocardium	3 yrs
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?
While at work? — (Specify type of place) (e) Means of injury

23. Signature [illegible] (M. D. or other)
Address 3903 Olive St. Date signed 4-7-44

(Licensed Embalmer's Statement on Reverse Side) H. W. Soper

[redacted] Olive St.
JE-5600
Hrs. 9:30 to 1

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. Bradford A. Miller

Licensed Embalmer No. 2901

P. O. Address University City - M

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.