

Primary Registration District No. 3068

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7452 Maple Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 41 years
years, months or days

3. (a) PRINT FULL NAME Roberts, Wm. Edwin
(b) If veteran, name war _____
(c) Social Security No. 497-01-4301AA

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Josephine Roberts 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased April 11 1874
(Month) (Day) (Year)

8. AGE: Years 70 Months 8 Days 27 If less than one day
hr. _____ min. _____

9. Birthplace Devonshire, England 4
(City, town, or county) (State or foreign country)

10. Usual occupation Stationery Engineer 1

11. Industry or business Century Electric Co

12. Name Edwin Roberts 4

13. Birthplace England 4
(City, town, or county) (State or foreign country)

14. Maiden name Selina

15. Birthplace England 4
(City, town, or county) (State or foreign country)

16. (a) Informant Josephine Roberts 1

(b) Address 7452 Maple Ave Maplewood

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 14, 1945
(Month) (Day) (Year)

(c) Place: burial or cremation Laurel Hills Garden

18. (a) Signature of funeral director Truth Center Mortuary

(b) Address 4024 Lindell Blvd.

19. (a) JAN 12 1945 (Date received local registrar) (b) E. J. McLawrence M.D. (Registrar's signature) Address 3101^a Sutton Ave Maplewood signed 1-9-45

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Maplewood 5
(If outside city or town limits, write "RURAL")
(d) Street No. 7452 Maple Ave. 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 8 year 1945 hour 2 minute P M.

21. I hereby certify that I attended the deceased from Jan 2, 1945 to Jan 8, 1945
that I last saw him alive on Jan 8, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 6 days

Due to _____

Due to 83 a1

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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 MO

Signature Vincent J. Gormsen (M. D. or other) _____

Address 3101^a Sutton Ave Maplewood signed 1-9-45

V F Townsend
3101a Sutton
He 3250

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 Ronald O. Fabrick
Licensed Embalmer No. 3917
P. O. Address St. Louis

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.