

FILED DEC 7 1945 STANDARD CERTIFICATE OF DEATH 1003

State File No. \_\_\_\_\_

Registrar's No. 10361

Registration District No. 318

Primary Registration District No. 1003

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:  
Homer Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 22 days  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4033 Aldine  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Roberta Larry

3. (b) If veteran, name war Nil 3. (c) Social Security No. \_\_\_\_\_

4. Sex FE3 5. Color or race Cal. 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife R. Larry 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: (Month) 24 (Day) 1897 (Year)

8. AGE: Years 48 Months 10 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Part Gibson Miss. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Food Factory

11. Industry or business Old Virginia Food Co.

12. Name Robert Tillman

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

14. Maiden name Carquillus Rader

15. Birthplace Part Gibson Miss. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Lond Larry

(b) Address 4033 Aldine

17. (a) Burial (b) Date thereof 12-3-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director G. W. Bruce

(b) Address 109 E. N. Houston

19. (a) (Date received local registrar) Nov 29 1945 (b) J. F. Bredeck  
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28  
year 1945 hour 3 minute 20 A. M.

21. I hereby certify that I attended the deceased from 11-5-45 to 11-28, 19 45  
that I last saw her alive on 11-28-, 1945,  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Diabetes Mellitus  
(Include pregnancy within 3 months of death)

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

Of autopsy None

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 W. B. Bernard (M. D. or other) \_\_\_\_\_  
Address 2601 N. Wheeler Date signed 11/29

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

17  
9

---

---

**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

*Clayton Young*

Licensed Embalmer No.

*3371*

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.**