

No. 2
M-5-43
ev. 5-17-39
I X38671

FILED NOV 23 1945
318

Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: CITY HOSPITAL
(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 2000

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

(d) Street No. 2219 M^E NAIR AV. 9
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME THOMAS ROBERSON

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex MALE 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MARTHA ROBERSON 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased MARCH 1 1876
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 11 year 1945 hour 1 minute PM

21. I hereby certify that I attended the deceased from Sept-24-45 to 11/11 1945 and that death occurred on the date and hour stated above.

that I last saw him alive on Nov 11 1945

8. AGE:

Years	Months	Days	If less than one day
<u>69</u>	<u>8</u>	<u>10</u>	hr. _____ min. _____

Immediate cause of death _____
Pulmonary Tuberculosis

Due to _____

Due to _____

9. Birthplace KANSAS
(City, town, or county) (State or foreign country)

Other conditions 1/2
(Include pregnancy within 3 months of death)

MOTHER {

11. Industry or business _____

12. Name BENJAMINE ROBERSON

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

14. Maiden name LORETTA HANKS

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

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Martha Roberson

(b) Address 2219 M^E NAIR AV

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

(c) Place: burial or cremation Poplar Bluff MO

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? _____

18. (a) Signature of funeral director E. J. Schurr

(b) Address 3125 Lafayette Ave

19. (a) NOV 12 1945 (b) J. Z. Bredbeck
(Date received local registrar) (Registrar's signature)

23. Signature Julius Wells (M. D. or other) 0

Address 3125 Lafayette, St. Louis Date signed 11/12/45

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

00
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.....

Geo. B. Vollmer

Licensed Embalmer No. *24014*

P. O. Address..... *H. Jones*

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.