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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

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

39702

State File No.

FILED JAN 5 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11263

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 G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days (Specify whether years, months or days)
In this community 56 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. 3315 Lawton Boulevard
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Amy Roberts

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Col

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

6. (b) Name of husband or wife Husband John Roberts

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased July (Month) 29 (Day) 1889 (Year)

8. AGE: Years 56 Months 4 Days 7 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

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

MOTHER
14. Maiden name Susanna Bangster
15. Birthplace (City, town, or county) N. Carolina (State or foreign country)

16. (a) Informant John Roberts
(b) Address 3315 Lawton Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-22-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Father Dickman Cem.

18. (a) Signature of funeral director John H. Hemphill
(b) Address 408 S. Tillmore Ave Kirkwood

19. (a) DEC 21 1945 (Date received by registrar) J. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 16 year 1945 hour 1 minute 38 P. M.

21. I hereby certify that I attended the deceased from 12-4, 45, to 12-16, 1945 that I last saw her alive on 12-16, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease — Duration

Due to

Due to

Other conditions Generalized Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

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 W. B. Bernard (M. D. or other)
Address 2601 N. Kutter Date signed 12/17/45

(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~~ _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Elton L. Howell

Licensed Embalmer No. 245

P. O. Address [redacted]

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.