S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED DEC 28 1945

State File No. 39703

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11019

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: Alexian Bros Hosp. D
(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 17

(c) City or town St. Louis 2
(If outside city or town limits, write "RURAL")

(d) Street No. 318a Plum St. 1
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Charles Roberts

3. (b) If veteran, name war no.

3. (c) Social Security No. 492-05-9870

4. Sex Male D

5. Color or race white

6. (a) Single, widowed, married, divorced 2 widower

6. (b) Name of husband or wife Johanna Roberts

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

7. Birth date of deceased Dec. 2 1869
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
76	0	15	hr. min.

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

10. Usual occupation Waiter

11. Industry or business

FATHER
12. Name Unknown Roberts
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Elsie Roberts Pecher
(b) Address 313 Vista Rd. Jefferson City Mo

17. (a) Burial (b) Date thereof
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cem.

18. (a) Signature of funeral director Witt Bros. L & N Co.
(b) Address 2929 S. Jefferson Av

19. (a) DEC 18 1945 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Dec day 17
year 1945 hour 8 minute 00 A M.

21. I hereby certify that I attended the deceased from Dec 6/1945, 19 , to Dec 17, 1945, that I last saw him alive on Dec 17. 1945, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Fibrulating Heart =

Due to Pneumonitis; Chronic

Due to Circulatory Failure

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

Duration
?

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Glenn Woolcup (M. D. or other)

Address 740 South 4" Date signed 12/18/45

(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 me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed D. M. Davis

Licensed Embalmer No. 3741

P. O. Address 2929 So. Jefferson Ave

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.