S. No. 2
OM—2-43
v. 5-17-39
I X35697

3030

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

840

State File No. 482

FILED JAN 25 1946

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

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: City Sanitarium 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2yrs. 1mo. 12 ds. (Specify whether years, months or days)
In this community 22 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 13
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1139 Leonard Ave 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME BERTHA ROPER
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 3
5. Color or race col
6. (a) Single, widowed, married, divorced mar. 1
6. (b) Name of husband or wife Preston B. Roper
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 3, (Day) 1893 (Year)

8. AGE: Years	Months	Days	If less than one day
52	9	8	hr. min.

9. Birthplace Charlston South Carolina (City, town, or county) (State or foreign country)
10. Usual occupation Domestic helper
11. Industry or business
FATHER 12. Name John Shelton
13. Birthplace not known 9 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Mariah ?
15. Birthplace not known 9 (City, town, or county) (State or foreign country)
16. (a) Informant Thelma A Singler
(b) Address 5400 Arsenal St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-16-45 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Ceme
18. (a) Signature of funeral director Chas. F. Gatesse.
(b) Address 4107 Finney Ave.
19. (a) JAN 15 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 11, year 1946 hour 6.45 minute P M.
21. I hereby certify that I attended the deceased from Jan. 1, 1944 to Jan. 11, 1946 that I last saw her alive on Jan. 11, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to Paresis	11/29/43
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 C. J. McCamee (M. D. or other) MD
Address 5400 Arsenal Date signed 1/11/46

(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

Thomas J. Gates, Registered Apprentice No.

working under my personal supervision.

Signed Thomas J. Gates

Licensed Embalmer No. 4259

P. O. Address 407 [illegible]

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.