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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. **11453**
Registrar's No. **2827**

FILED MAR 31 1947

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community Life (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town Saint Louis 20 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2239a Hebert Street
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Henry H. (Harry) Roberts

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

4. Sex Male 5. Color or race White
6. (a) ~~Single~~ Married 6. (a) ~~Single~~ Married
6. (b) Name of husband or wife Mildred Roberts 6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased March 17th 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 11 28 hr. _____ min.

9. Birthplace Saint Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Switch Tender

11. Industry or business Mo. Pacific R. R. Company

MOTHER FATHER
12. Name Henry Roberts
13. Birthplace Saint Louis, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Weiser
15. Birthplace Saint Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mildred Roberts
(b) Address 2239a Hebert Street

17. (a) Burial (b) Date thereof Mar. 19, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Pickers Cemetery

18. (a) Signature of funeral director Carin F. Feutz
(b) Address 4828 Natural Bridge Blvd.

19. (a) MAR 17 1947 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 15 hr. 7:05 AM
year 1947 hour 5 minute 10 P. M.

21. I hereby certify that I attended the deceased from Mar 15, 47
7:05 AM, 1947, to 5:10 PM, 1947.
that I last saw him alive on 15 Mar 47, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Occlusion
Due to Atherosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? 0

While at _____ (Specify type of place) (b) Means of injury _____

23. Signature Chas. Jones (M. D. or other) MD
Address 100 - Pacific Date signed 3/16/47

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

John A. M... ..

Licensed Embalmer No.....

4186

P. O. Address.....

St. Louis Mo.

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.