V. S. No. 2
30M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 23 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10602

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 2570

00 17 9

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Infirmary 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 yr. 6 mo. 27 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Missouri (b) County 17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5800 Arsenal St. 9
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ROBERTS, RICHARD
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widower 7
6. (b) Name of husband or wife Brown, (Dina)
6. (c) Age of husband or wife if alive yrs.
7. Birth date of deceased July (Month) 6 (Day) 1880 (Year)

8. AGE: Years 67 | Months 8 | Days 9 | If less than one day hr. min.

9. Birthplace Bellville (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Painter
11. Industry or business

MOTHER FATHER
12. Name Unknown 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown 11
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant City Infirmary
(b) Address 5800 Arsenal St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-17-48 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cem
18. (a) Signature of funeral director Edw Koch + Son
(b) Address 3716 Ly. 14th - St Louis
19. (a) MAR 15 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15 year 1948 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from Aug. 1945, 19..., to Mar. 1948, 19...; that I last saw him alive on Mar. 15, 1948, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Epilepsy in long standing	
Due to Mental Deterioration	
with organic brian disease	1933 yrs
Due to	plus
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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 0

23. Signature Benjamin Bowdel (M. D. or other)
Address City Jail Date signed 3/15/48

Jefferson City Printing Co.
(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 ..... J. Allen Davis Jr

Licensed Embalmer No. 4053

P. O. Address ..... St Louis

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.