S. No. 2
M—1/47
g. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

41782

State File No. 10902

FILED JAN 11 1949

Registration District No. 818

Primary Registration District No. 1005

Registrar's No.

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

1. PLACE OF DEATH:
(a) County Mo
(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 2 (Specify whether
In this community 31 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County
(c) City or town ST. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2236 a Randolph
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Annie Mae Roberts
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 SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Mar. (Month) 9 (Day) 1916 (Year)

8. AGE: Years 32 Months 9 Days 6 If less than one day hr. min.

9. Birthplace Sessums, Miss (City, town, or county) (State or foreign country)
10. Usual occupation Day Work
11. Industry or business
FATHER
12. Name Tobe Roberts
13. Birthplace Starville, Miss (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Anna Connelly
15. Birthplace Sessum, Miss (City, town, or county) (State or foreign country)
16. (a) Informant Minnie Speers
(b) Address 2236 a Randolph
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-20-48 (Month) (Day) (Year)
(c) Place: burial or cremation Oakdale Cemetery
18. (a) Signature of funeral director W. Robinson & Sons
(b) Address 2216 Dickson St
19. (a) DEC 17 1948 (Date received local registrar) (b) J. B. Fasata (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15th year 1948 hour 11:20 minute P. M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Pericardial hemorrhage and Pleural Hemorrhage following stabwound, inflicted with knife in
Due to the hands of one Eula Mae Hale, Col., in the home, 2309-a Eugenia
Due to Street, around 11:20 P.M., December 15, 1948.
Other conditions HOMICIDE
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
Of autopsy

167

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) homicide
(b) Date of occurrence Dec. 15, 1948
(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place)
While at work? no (e) Means of injury knife

23. Signature [signature] (M. D. or other)
Address Date signed 12/18/48

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 Leroy U. Bannister

Licensed Embalmer No. 4523

P. O. Address 3880 Easton 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.