

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 15 1951

318

1003

State File No. 18519

5218

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST LOUIS</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST LOUIS</u>		2069	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PEOPLES Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>4956 ALDINE 0</u>			
3. NAME OF DECEASED (Type or Print) <u>MR. ELY</u>		a. (First) _____		b. (Middle) _____		c. (Last) <u>ROBERSON</u>	
4. DATE OF DEATH		(Month) <u>6</u>		(Day) <u>3</u>		(Year) <u>51</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 0</u>		8. DATE OF BIRTH <u>1-27-1895</u>	
9. AGE (In years last birthday) <u>56</u>		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 1 YEAR Hours _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Pullman Shop</u>		11. BIRTHPLACE (State or foreign country) <u>St Louis MO 0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13a. FATHER'S NAME _____		13b. MOTHER'S MAIDEN NAME <u>CARRIE TUCKER</u>	
14. NAME OF HUSBAND OR WIFE <u>MRS. SABRE ROBERSON</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Sabre Roberson</u>				ADDRESS <u>4956 Aldine</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anuria - Uremia - Pyelonephritis</u> ANTECEDENT CAUSES <u>Cancer Bladder</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>17 mo.</u>	
19a. DATE OF OPERATION <u>Jul 15 1951</u>		19b. MAJOR FINDINGS OF OPERATION <u>Bladder Cancer - local extension</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>181X</u>					
22. I hereby certify that I attended the deceased from <u>July 1950</u> , to <u>June 3, 1951</u> , that I last saw the deceased alive on <u>July 2, 1951</u> , and that death occurred at <u>7:17 a.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>Daniel W. Brown M.D.</u>				23b. ADDRESS <u>1170 Jefferson Ave</u>		23c. DATE SIGNED <u>6/5/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6-7-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST PETERS</u>		24d. LOCATION (City, town, or county) (State) <u>ST LOUIS COUNTY MO.</u>	
DATE REC'D BY LOCAL REG. <u>JUN 7 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Exoner</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bennie Love</u> ADDRESS <u>3103 Washington</u>			

WRITE PLAINLY—USING 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *H. C. Claude Gordon*

Licensed Embalmer No. 3489

P. O. Address 4575 Alder

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.