

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

32286

**1. PLACE OF DEATH**

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis Mo. (No. City Hospital #2)

File No.....  
Registered No. 9377  
St. .... Ward)

**2. FULL NAME** Charles Edward Roberts

(a) Residence. No. 4222 (A) 7th Maffitt St. Ward. ....

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX male 4. COLOR OR RACE col. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) wid.

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-15-1929

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

17. I HEREBY CERTIFY, That I attended deceased from 9-4-29, 1929, to 9-15-29, 1929 that I last saw him alive on 9-15-29, 1929 and that death occurred, on the date stated above, at 10:45 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-25-1872

THE CAUSE OF DEATH\* WAS AS FOLLOWS: 93C Chronic myocarditis

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
57 - 4 - 20

(duration) 8 yrs. 8 mos. — ds.

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work. Porter  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

CONTRIBUTORY (SECONDARY) (duration) .... yrs. .... mos. .... ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH.....

10. NAME OF FATHER Henry Roberts

DID AN OPERATION PRECEDE DEATH? no DATE OF —  
WAS THERE AN AUTOPSY? no

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ind.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
(Signed) A. E. Hale, M. D.

12. MAIDEN NAME OF MOTHER Emmalie Roberts

(Address) City Hospital #2

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ind.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT (Address) A. Gertrude Creath City Hospital #2

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  
Greenwood Cemetery Sep. 18, 1929

15. FILED 7 19 29 Wm C Barkley REGISTRAR

20. UNDERTAKER  
Wm C Barkley

CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important.

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