MAY 28 1930

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

Do not use this space.

13921

1. PLACE OF DEATH

County St. Louis. Registration District No. 1123 File No.

Township CARONDELET Primary Registration District No. 6248 B Registered No. 118

City Jefferson Barracks, (No. Missouri. St. Ward)

2. FULL NAME Francis E. Roberts

(a) Residence. No. 655 No. 57th Str., E. St. Louis, Ward. Illinois.
(Usual place of abode) (If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	white	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 23, 1889

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
40	40	3	25	

8. OCCUPATION OF DECEASED Iron Worker

(a) Trade, profession, or particular kind of work Unavailable

(b) General nature of industry, business, or establishment in which employed (or employer) Unavailable

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Cobden,
(STATE OR COUNTRY) Illinois

PARENTS

10. NAME OF FATHER Unavailable

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

12. MAIDEN NAME OF MOTHER Unavailable

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

14. INFORMANT C. H. SMITH, M.D., Clinical Director
(Address) USV. Hosp. Jefferson Barracks, Mo.

15. FILED 4/18, 1930 L. C. Obrock M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 17, 1930

17. I HEREBY CERTIFY, That I attended deceased from April 13, 1930, 19__, to April 17, 1930, that I last saw him alive on April 17, 1930, and that death occurred, on the date stated above, at 9:50 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia, entire left lung and middle and lower lobes of right lung.

108 (duration) Un yrs. kn mos. own ds.

CONTRIBUTORY (SECONDARY) None

(duration) ___ yrs. ___ mos. ___ ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? X-ray and Physical Findings.

(Signed) W. C. GIBSON, M.D., M.D.
Medical Officer in Charge
(Address) USV. Hosp. Jeff. Bks., Mo.
, 19

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Anna Ill

DATE OF BURIAL 4-20 1930

20. UNDERTAKER H. R. McCarty

ADDRESS Anna Ill

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.