

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

Do not use this space.

25272

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis No. 748 Aubert ave

File No. 7500
Registered No.
St. Ward)

2. FULL NAME

Ida C. Roberts
(a) Residence. No. 748 Aubert ave St. 12 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 12, 1860
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 11 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. housework
(b) General nature of industry, business, or establishment in which employed (or employer). at home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Kentucky

10. NAME OF FATHER

Joseph Quins

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER

Mary Hays

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Kentucky

14. INFORMANT

John C. Lee
(Address) 748 Aubert ave

15. FILED

..... 19 26 30
Max C. Barker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 25 1930
17. 2 HEREBY CERTIFY, That I attended deceased from Jan 29 1929 to July 25 1930 that I last saw him alive on July 20 1930, and that death occurred, on the date stated above, at 9:50 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

131
132E
Aemia
(duration) 7 yrs 6 mos 2 ds.
CONTRIBUTORY chronic nephritis
(SECONDARY) (duration) 7 yrs 6 mos 2 ds.

18. WHERE WAS DISEASE CONTRACTED

132E
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Chemical & history
(Signed) Harry G. Meyer M. D.
7/26 1930 (Address) 4903 Delmon

*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

DATE OF BURIAL

Stardaville Missouri 7-26 1930
20. UNBERTAKER ADDRESS 4228
Knigschawede Co. So. Kingshighway

WHITE PLAINBY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

