

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City *St. Louis* (No. *922*) *St. Newstead*

File No. **26545**
Registered No. **6714**
St. Ward)

2. FULL NAME

Younger P. Robards
(a) Residence, No. *922* *St. Newstead* St., *18* 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>M</i>	4. COLOR OR RACE <i>W</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Florence Robards</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>March 12 1867</i>		
7. AGE	YEARS	MONTHS
	<i>62</i>	<i>3</i>
		DAYS
		<i>25</i>
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Physician</i>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year).....		
11. Total time (years) spent in this occupation.....		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Kentucky</i>		
13. NAME <i>Younger Robards</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Kentucky</i>		
15. MAIDEN NAME <i>Unknown</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Kentucky</i>		
17. INFORMANT <i>Mrs. Thelma Berra</i> (ADDRESS) <i>4160 Manchester av</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Bellefontain Cem</i> (DATE) <i>July 9</i> 19 <i>34</i>		
19. UNDERTAKER <i>Hughes Mortuaries</i> (ADDRESS) <i>4164 Manchester av</i>		
20. FILED <i>7-1934</i> 19 <i>J. Bredeck</i> Regist.		

MEDICAL CERTIFICATE OF DEATH
No physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 6* 19*34*
22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at *7:30 A.*
The principal cause of death and related causes of importance were as follows:

Pulmonary Hemorrhage
Chronic Myocarditis ✓
Date of onset

Other contributory causes of importance:
Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? *NO*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury..... 19.....
Where did injury occur?.....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....
(Sign) *Raymond P. Plumb*, M. D.
(Address) *415 1/2 St. Louis*

WRITE PLAINLY, 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.

AUG 15 1934

34
63
22

#2

St. Louis.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McLaugh, M. D.,
Special Agent,
Jefferson City, Mo.

6714

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Younger, S. Roberts
Who died at _____ on July 6 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex M Color or race W ~~Single, married, widowed or divorced~~
Date of birth _____ Age: Years 62 Months 3 Days 25

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month AS Year C
Birthplace (State or country) _____
Birthplace of father (State or country) _____
Birthplace of mother (State or country) _____

Principal cause of death: Pulmonary Hemorrhage
Chronic Myocarditis - Cause of hemorrhage
unknown
Other contributory causes of importance _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19 _____
Where did injury occur? _____
(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician _____
Address of physician _____
Signature of Registrar J. D. Brebeck Date filed 9-21-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 791 Very truly yours,

Primary Reg. Dist. No. 1003
E. T. McLaugh, M. D.
Special Agent.

10-10-1950

Dear Mr. [Name illegible]:

[Faded typed text, illegible]

AMERICAN OVERSIGHT

26545