

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

Do not use this space.

SEP 10 1937

1. PLACE OF DEATH

County.....
Township.....
City ST LOUIS

Registration District No. 791
Primary Registration District No. 1002
(No. Mo BAPTIST HOSPITAL)

File No. 28930
Registered No. 7563
St. Ward

2. FULL NAME SAMUEL T. ROBERTS

(a) Residence, No. 501A KENSINGTON St., 12 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 <u>MALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>WIDOWED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>ROSELLE ROBERTS</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>FEB. 12, 1867</u>		
7. AGE YEARS <u>80.</u>	MONTHS <u>5</u>	DAYS <u>27.</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>RE. SALESMAN.</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>WAGNER GRANT & BULL RE. CO.</u>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>TENN.</u>
	13. NAME <u>W.M. B. ROBERTS</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>TENN.</u>
	15. MAIDEN NAME <u>DAVIS</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>TENN.</u>
17. INFORMANT (ADDRESS) <u>NATHAN COLEMAN</u> <u>501A KENSINGTON AVE</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>BELLE FONTAIN</u> DATE <u>AUG 11 1937</u>	
19. UNDERTAKER (ADDRESS) <u>LAWRENCE MULLEN</u> <u>5165 DELMAR BLVD.</u>	
20. FILED <u>AUG 10 1937</u>	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUG 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1937, to Aug 9, 1937
I last saw him alive on Aug 9, 1937. Death is said to have occurred on the date stated above, at 7:20 P.M.
The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia
Date of onset

Other contributory causes of importance:
Carcinoma larynx - throat metastasis to liver, tissue of neck

Name of operation Date of
What test confirmed diagnosis? P.M. Was there an autopsy? yes

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? no
If so, specify
(Signed) J. M. Black, M. D.
(Address) 1001 Union

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.

MISSOURI STATE BOARD OF HEALTH - VITAL STATISTICS - DEPARTMENT RECORD

Registrar

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