FEB 12 1938

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

Dr. R.K. Andrews
4932 Maryland
486
Do not use this space.

791

1. PLACE OF DEATH
(a) County ********** Registration District No. 1003
(b) Township ****** Primary Registration District No. Registered No. 342
(c) City St. Louis, Mo. (d) Street No. 4931 Lindell Blvd. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 23 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 27 yrs. mos. ds.

2. PRINT FULL NAME Mrs. Roberta Graham Wilson 425
(a) Residence, No. 4931 Lindell Blvd. St. Louis, Mo. St. 12
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 9, 1855

7. AGE: YEARS 82 MONTHS 11 DAYS 1 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ----------
9. Industry or business in which work was done, as 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) Edinburough, Scotland 4

FATHER
13. NAME Robert Graham 4
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edinburough, Scotland 4

MOTHER
15. MAIDEN NAME Mary Ann Watson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edinburough, Scotland

17. INFORMANT (ADDRESS) Mrs. Maria C. Ulman 4931 Lindell Blvd St. Louis

18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~ Cremation
PLACE VALHALLA CREM St. Louis, Mo DATE 1-11 1938

19. FUNERAL DIRECTOR (ADDRESS) WAGONER UND. CO 3621 OLIVE ST.

20. FILED JAN 11 1938 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-10 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-1-38, 19..., to 1-10-38, 19...
I last saw her alive on 1-10-38, 19... Death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia

Date of onset

Other contributory causes of importance:
Myocarditis chr

Name of operation ..... Date of .....
What test confirmed diagnosis? Indeed. Was there an autopsy? .....

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 .....
(Signed) R. K. Andrews, M. D.
(Address) .....

(Licensed Embalmer's Statement on Reverse Side)

NB. 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.

STATEMENT BY LICENSED EMBALMER

I, Neville B. Frohwitter, Licensed Embalmer No. 3696

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Neville B. Frohwitter

Licensed Embalmer No. 3696

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)