

DEC 12 1938

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

37906
Do not use this space.

1. PLACE OF DEATH

(a) County..... | Registration District No. **791**
(b) Township..... | Primary Registration District No. **1008**
(c) City..... **St. Louis, Mo.** (d) Street No. **City Infirmary.** St.
(e) Length of residence in city or town where death occurred **40** yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. **536** **Roberta Anderson,**
5800 Arsenal St. St. **13** (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) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **January 22, 1873**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 **10** **3**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Saleswoman.**
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) **1938** 11. Total time (years) spent in this occupation **45 yrs.**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Vienna, Mo. 0**

FATHER 13. NAME **James Monroe**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Vienna, Mo. 0**

MOTHER 15. MAIDEN NAME **Nancy Hoops,**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo. 0**

17. INFORMANT (ADDRESS) **E. Holony,**
5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE **VIENNA, MO -** DATE **11-27** 1938

19. FUNERAL DIRECTOR (ADDRESS) **ALBERT H. HOPPE INC**
4700 WASHINGTON

20. FILED **NOV 25 1938** **J. Brebeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **November 25, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **November 4, 1938 to November 25, 1938**
I last saw her alive on **November 25, 1938** Death is said to have occurred on the date stated above, at **1:30 p. m. A.M.**
The principal cause of death and related causes of importance were as follows:

Hypertensive Heart Disease Date of onset **yr.**
Acute Heart Failure of

Other contributory causes of importance: **None**

Name of operation **None** Date of.....
What test confirmed diagnosis? **H.I.P.E.** 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? **No.**
If so, specify..... (Signed) **Geo. M. Pele** M. D.
(Address) **City Infirmary.**

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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

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

L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed *Robert W. Kappeler*

Licensed Embalmer No. *1861*

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.)