

JUL 19 1939

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

23088
Do not use this space.

1. PLACE OF DEATH
 (a) County St Charles 1 Registration District No. 757
 (b) Township St Charles 1 Primary Registration District No. 3036 Registered No. 85
 (c) City St Charles (d) Street No. St Joseph Hospital 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME Mrs. Jane Roberts
 (a) Residence, No. 2127 N 5th St St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Arch Roberts
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 26th 1887
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 51 7 10
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) June 1936 11. Total time (years) spent in this occupation.
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laclede County Mo
 13. NAME Marie Button
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison 9
 15. MAIDEN NAME Lizzie Carroll
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison 9
 17. INFORMANT (ADDRESS) Arch Roberts St Charles Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Our Grove Church DATE June 12 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Richardson-Bauer St Charles Mo
 20. FILED 6/17 1939 Clarence H. Needles Local Registrar. 679

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10th 1939
 22. I HEREBY CERTIFY, (That I attended deceased from June 8 1939, to June 10 1939, I last saw her alive on June 10 1939. Death is said to have occurred on the date stated above, at 5:30 AM. The principal cause of death and related causes of importance were as follows:
 ① Broncho-pneumonia, bilateral, following influenza
 ② Diabetic acidosis with coma
 ③ Acute pulmonary edema
 Other contributory causes of importance: Diabetes mellitus
 Name of operation None Date of _____
 What test confirmed diagnosis? Urinalysis Was there an autopsy? No
 23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No 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 No
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____ (Signed) Richard M. Dr. Lee, M. D.
 (Address) 216 N. Main St. St Charles Mo

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.

95
4
3

I X16803

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Arthur C. Bane

Licensed Embalmer No.

3155

P. O. Address

St. Charles, Ill.

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.)

If this body is not embalmed, above space should be left blank.