DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

REC'D SEP 14 1939 791

Registration District No. 1003

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No.

State File No. 27325

Registrar's No. 6825

1. PLACE OF DEATH:

(a) County /

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Homer Phillips
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Since 6/26/39 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County /

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(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1120 N 25th
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME 162 Clarence Roberson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race C

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased October 30, 1938 (Month) (Day) (Year)

8. AGE: Years -- Months 9 Days 1 If less than one day hr. min.

9. Birthplace Illinois (City, town, or county) (State or foreign country)

10. Usual occupation nil /

11. Industry or business

FATHER
12. Name Dewey Roberson /
13. Birthplace Tennessee (City, town, or county) (State or foreign country) /

MOTHER
14. Maiden name Dorothy Clark /
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Denny Roberson
(b) Address 1118 N. 25th

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 5 1939 (Month) (Day) (Year)
(c) Place: burial or cremation Father Dickson

18. (a) Signature of funeral director Mary Wade
(b) Address 4206 Finney

19. (a) AUG 5 1939 (Date received local registrar) (b) J. P. Bilderk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 31, ~~xxx~~ 1939
year hour 8 minute 05 p.M.

21. I hereby certify that I attended the deceased from June 26, 1939, 19, to July 31, 1939, 19;
that I last saw him alive on July 31, 1939, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary tuberculosis	Sickly since birth
Due to --	
Due to --	
Other conditions Tuberculous meningitis (Include pregnancy within 3 months of death)	
Major findings: Of operations --	
Of autopsy --	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature M. W. Allen (M. D. or other)
Address 2601 N Whittier Date signed 8-1-39

(Licensed Embalmer's Statement on Reverse Side)

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.

X19511

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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