

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. **PHYSICIANS should state**

REC'D SEP 7 1939

Registration District No. 184

Primary Registration District No. 101

1. PLACE OF DEATH: 9
 (a) County St. Louis
 (b) City or town St. Louis County (Clayton)
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Enroute to St. Louis County Hosp.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 52 Years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 1
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4922 Columbia
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Henry Roberts 163
 8. (b) If veteran, name war No 8. (c) Social Security No. No

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month August day 10
 year 1939 hour 6 minute 30 p.m.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Edith
 6. (c) Age of husband or wife if alive 65 years
 7. Birth date of deceased June 30, 1871
 (Month) (Day) (Year)

that I last saw h. _____ alive on _____, 19____, and that death occurred on the date and hour stated above.
 Immediate cause of death _____

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>1</u>	<u>11</u>	_____ hr. _____ min.

Coronary occlusion 1 day
 Due to _____
 Due to _____

9. Birthplace Canada
 (City, town, or county) (State or foreign country)
 10. Usual occupation McQuay Norris

Other conditions _____
 (Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____

11. Industry or business _____
 12. Name Unknown
 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Mr. H.E. ROBERTS
 (b) Address 4922 Columbia
 17. (a) Burial (b) Date thereof 8/14/39
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Valhalla Cemetery

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?

18. (a) Signature of funeral director Wacker-Welder
 (b) Address 2331 S. Broadway
 19. (a) AUG 11 1939 (b) Dr. J. M. D. D. D.
 (Date received local registrar) (Registrar's signature)

While at work? NO (Specify type of place) (c) Means of injury _____
 23. Signature John O'Sullivan (M. D. or other)
 Address Coroner of St. Louis County, Mo. Date signed _____

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: *Frank J. Gaud Sr*
Licensed Embalmer No. *2645*
P. O. Address *Spencer Mo*

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

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