B 10 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 7 - 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8197

Registration District No. 784 Primary Registration District No. 116 Registrar's No. 298

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 7443 Canton Ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town University City (If outside city or town limits, write "RURAL")

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(d) Street No. 7443 Canton Ave. (If rural, give location)

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

3. (a) PRINT FULL NAME Mrs. Ethel Ann Roberts 163

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife William Roberts

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Oct. (Month) 16 (Day) 1882 (Year)

8. AGE: Years 57 Months 3 Days 24 If less than one day hr. min.

9. Birthplace (City, town, or county) England (State or foreign country) 11

10. Usual occupation Housewife 4

11. Industry or business 4

FATHER
12. Name John Hickkenbottom
13. Birthplace (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name Ann Eley
15. Birthplace (City, town, or county) England (State or foreign country)

16. (a) Informant's own signature William Roberts

(b) Address 7443 Canton Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-12-40 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway

19. (a) FEB 10 1940 (Date received local registrar) (b) T R Mayer M.D. (Registrar's signature) JB

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9th year 1940 hour 10 A.M. minute M.

21. I hereby certify that I attended the deceased from 8-19-39, 19, to 2-9, 1940 that I last saw her alive on 2-6-, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	2 hours
Due to Arterial hypertension	2 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations None

Of autopsy None

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 T. R. Usher (M. D. or other) 1

Address 2816 Sutton Ave Date signed 2-10-40

(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.

WHITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

X19511

Dr. Usher
2816 Sutton Blvd.
2 to 4

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. Edwin D. McDermott

Licensed Embalmer No. 3024

, 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.