FILED JAN 23 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

43942

State File No.

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 2343

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 6217 Cote Brilliant Ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 2

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 6217 Cote Brilliant Ave. (If rural, give location)

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

3. (a) PRINT FULL NAME Ida Rose Roberts.

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 Widowed

6. (b) Name of husband or wife Charles J. Roberts.

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

7. Birth date of deceased October 18, 1873. (Month) (Day) (Year)

8. AGE: Years 67 Months 1 Days 23 If less than one day hr. min.

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

10. Usual occupation Housewife.

11. Industry or business at Home.

FATHER 12. Name Ernest H. Habenicht.

13. Birthplace ? (City, town, or county) Germany. (State or foreign country)

MOTHER 14. Maiden name Amelia Keck.

15. Birthplace ? (City, town, or county) Penn. (State or foreign country)

16. (a) Informant Mr. Charles Stanley Roberts

(b) Address 6217 Cote Brilliant Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-14-1940 (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) Address 5966-68 Easton Ave.

19. (a) DEC 12 1940 (Date received local registrar) (b) R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 11th year 1940 hour 10 minute 47 M.

21. I hereby certify that I attended the deceased from October 8, 1940, to December 11, 1940; that I last saw her alive on December 11, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis	Duration 4 yrs.
Due to	
Due to	
Other conditions (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 John S. Pg (M. D. or other)

Address 1492 Hodiamont Date signed 12/11/40

(Licensed Embalmer's Statement on Reverse Side)

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

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 Henry M. Brammer, Registered Apprentice No. 3, working under my personal supervision.

Signed Leonard W Kroeger

Licensed Embalmer No. 2678

P. O. Address St Louis, Missou

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.