

No. 2  
-1-4-41  
5-17-39  
K 26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 26713  
6505  
Registrar's No.

FILED SEP 17 1941

791

1053

Registration District No.

Primary Registration District No.

Registrar's No.

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:  
St. Louis Children's 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 \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2937 Summit  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Roberts, Virginia Rose

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female

5. Color or race White

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 Sept. 30. 1938  
(Month) (Day) (Year)

8. AGE:

Years 2 Months 10 Days 7  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace

St. Louis, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name

HARRY Roberts

13. Birthplace

Bolinger Co. Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name

Alta Shuterfield

15. Birthplace

Greenville, Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant

Alta Shuterfield

(b) Address

2937 Summit Ave

17. (a) Removal

(Burial, cremation, or removal)

(b) Date thereof

Aug. 9, 1941  
(Month) (Day) (Year)

(c) Place: burial or cremation

Greenville, Ill.

18. (a) Signature of funeral director

O. C. Bass

(b) Address

9 Greenville, Ill.

19. (a) AUG 16 1941

(Date received local registrar)

(b)

J. F. Predeck  
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 7  
year 1941 hour 11 minute 20 P. M.

21. I hereby certify that I attended the deceased from 7-28, 1941, to Aug 7, 1941,  
that I last saw her alive on Aug 7, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute leukemia

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. F. Predeck (M. D. or other) \_\_\_\_\_

Address 100 So. Knappton Date signed \_\_\_\_\_

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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*B. W. Harris*

Licensed Embalmer No. *13591*

P. O. Address. *4106 9<sup>th</sup> Botane*

**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, fact should be so stated above.**