

FILED MAR 17 1942

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **1850**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Homer G. Phillips Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **26 days**
In this community **25 years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Alfred Roberson**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 2 5. Color or race **Negro** 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 **December 4, 1894**
(Month) (Day) (Year)

8. AGE: Years **47** Months **2** Days **11** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Auto Mechanic**

11. Industry or business _____

12. Name **Alfred Roberson**

13. Birthplace **Ark.**
(City, town, or county) (State or foreign country)

14. Maiden name **Nora Hildrus**
(City, town, or county) (State or foreign country)

15. Birthplace **Ark.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Shirley Smith**

(b) Address **2601 N. Whittier**

17. (a) **Anatomical Research** (b) Date thereof **2-19-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Louis, Mo.**

18. (a) Signature of funeral director **Whitney**

(b) Address **3000 Cottage**

19. (a) **FF# 27-10** (b) **J. T. Bredeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **20-000**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **105 N. 16th St.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **15**,
year **1942** hour **2** minutes **40** A. M.

21. I hereby certify that I attended the deceased from **January 19, 1942**, to **February 15, 1942**;
that I last saw him alive on **February 15, 1942**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Malignancy of Gastro-Intestinal tract**

Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations **No**

Of autopsy _____

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 **Dr. W. Johnson** (M. D. or other)
Address **2661 - Whittier** Date signed _____

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.