

V. S. No. 2
 FORM-5-42
 Rev. 5-17-39
 1 X3

23412

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

DEAD AUG 12 1943 '318

7045

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:
5065 Lindenwood Ave. /
 (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 Mo. (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5064 Lindenwood Ave.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mollie D. 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 Married
 6. (b) Name of husband or wife Oscar H. Roberts 6. (c) Age of husband or wife if alive 72 years
 7. Birth date of deceased Nov. 25th 1870
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 8 8 hr. min.

9. Birthplace Washington Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

16. (a) Informant Oscar H. Roberts
 (b) Address 5065 Lindenwood Ave.

17. (a) Burial (b) Date thereof 8-4-43
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries
 (b) Address 4223 So. Kingshighway Blvd.

19. (a) AUG 1 (b) 1943 J. J. Bullock
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day 2nd
 year 1943 hour 7 minute A.M. M.

21. I hereby certify that I attended the deceased from July 1 to July 20
 that I last saw him alive on July 20 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 97
 Major findings: Of operations _____
 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 M. E. Roberts (M. D. or other)
4300th Missouri Date signed 8/12/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Mr. M. E. Sheets

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 *Richard W. Steward*.....

Licensed Embalmer No. *4007*.....

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.