

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. **318**

Primary Registration District No. ....

Registrar's No. **7364**

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

425

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:  
En Route to City Hospital #1 3  
(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. 9300 Riverview Drive  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME John W. Roberts

3. (b) If veteran, name war World War #1

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 13th day August  
year 1943 hour 8:30 minute P. M.

21. I hereby certify that I attended the deceased from....., 19..... to....., 19.....;

that I last saw him..... alive on....., 19.....;

and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

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

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased November 16 1890  
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis  
Chronic Interstitial Nephritis

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

8. AGE:

Years	Months	Days	If less than one day
<u>52</u>	<u>8</u>	<u>28</u>	..... hr. .... min.

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

10. Usual occupation Chauffer

11. Industry or business Big Bend Quarry Co.

12. Name John W. Roberts

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

14. Maiden name Anna Belle Cory

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

16. (a) Informant Jessie Roberts

(b) Address 9300 Riverview Drive

17. (a) Burial (b) Date thereof Aug 16 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Peetz Brothers

(b) Address 3029 Lafayette Ave

19. (a) AUG 16 1943 (b) J. F. Brueck  
(Date of local registrar) (Registrar's signature)

PHYSICIAN

Major findings:  
Of operations.....

Of autopsy.....

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)

23. Signature W. H. Perry (M. D. or other).....  
Date signed 9/16/43

SEP 13 1948

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**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 W E Morris

Licensed Embalmer No. 3360

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.**