S. No. 2
OM—2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39196

FILED DEC 4 1943

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2641

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

1. PLACE OF DEATH:
(a) County ST LOUIS
(b) City or town VINITA PARK
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 8260 ALBIN /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 20 YRS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County ST LOUIS 96
(c) City or town VINITA PARK
(If outside city or town limits, write "RURAL")
(d) Street No. 8260 ALBIN
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ?

3. (a) PRINT FULL NAME Jesse J ROBERSON

3. (b) If veteran, name war ✓

3. (c) Social Security No. NONE

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife LAURA

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

7. Birth date of deceased MAR 10 1849
(Month) (Day) (Year)

8. AGE: Years 94 Months 8 Days 17 If less than one day ..... hr. ..... min.

9. Birthplace (City, town, or county) unk Mississippi (State or foreign country) 1

10. Usual occupation Retired Shoe Worker

11. Industry or business

FATHER
12. Name Wm ROBERSON
13. Birthplace (City, town, or county) ? (State or foreign country) 9

MOTHER
14. Maiden name ?
15. Birthplace (City, town, or county) ? (State or foreign country) 9

16. (a) Informant Aubrey E. Tansman
(b) Address 8260 Albin

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-29-43 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cem

18. (a) Signature of funeral director Ortmann Funeral Home
(b) Address 9222 Lackland Overland Mo

19. (a) NOV 29 1943 (Date received local registrar) (b) E. G. McGavran M.D. (Registrar's signature) 2.5

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 27
year 1943 hour ..... minute 1225 A M.

21. I hereby certify that I attended the deceased from Nov 9, 1943, to Nov 27, 1943, that I last saw him alive on Nov 26, 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis Senility	10 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

93d

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 E. J. Javaux (M. D. or other)
Address 405 University Club Bldg. Date signed

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(Licensed Embalmer's Statement on Reverse Side)

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.....Al C Ostmann.....

Licensed Embalmer No.....3478.....

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.