

FILED JUN 30 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5674

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(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:
BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days
(Specify whether
In this community 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")
(d) Street No. 614 Mildred Avenue
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME IVAN MORRISON ROBERTS

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna M. Roberts 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased 4 (Month) 12 (Day) 1898 (Year)

8. AGE: Years 60 Months 2 Days 10 If less than one day hr. _____ min. _____

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

10. Usual occupation Chem. Engineer

11. Industry or business Laclede Gas Company

12. Name James T. Roberts

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

14. Maiden name Mary Cornwall

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

16. (a) Informant Mrs. Anna Roberts

(b) Address 614 Mildred Avenue, Webster Groves

17. (a) Burial (b) Date thereof 6-26-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Alexander Sons

(b) Address 6175 Delmar Blvd.

19. (a) JUN 23 1944 (b) J.F. Beuleck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22
year 1944 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 14, 1944, to June 22, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Bulbar paralysis Duration _____

Due to petechial hemorrhage in the brain

Due to myocardial infarct?

Other conditions Psychosis; agitated depression
(Include pregnancy within 7 months of death)

Major findings: Of operations no

Of autopsy conformed

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify) _____

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 Th Bradley (M. D. or other) _____

Address BARNES HOSPITAL Date signed _____

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

0967
NR4

MOTHER FATHER

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 *Thomas R. Jemurik*

Licensed Embalmer No. *3793*

P. O. Address *St Louis Mo*

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.