

S. No. 2
M-5-43
5-17-39
I X36671

FILED MAY 17 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4116**

1. PLACE OF DEATH:

(a) County **St Louis**

(b) City or town **1217 St Louis ave** (If not in hospital or institution, write street number or location)

(c) Name of hospital or institution: _____

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community **St Louis** (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Arkansas** (b) County **Clay**

(c) City or town **Rector** (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) **2**

If yes, name country _____

3. (a) PRINT FULL NAME **Robert Elmer 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 **divorced**

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

7. Birth date of deceased **October 4 1896** (Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **6th** year **1946** hour **7** minute **45** 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.

8. AGE: Years **49** Months **5** Days **7** If less than one day _____ hr. _____ min.

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

10. Usual occupation **laborer**

11. Industry or business _____

MOTHER FATHER { 12. Name **unknown**

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

14. Maiden name **Mary Roberts**

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

16. (a) Informant **Vernon Roberts**

(b) Address **913 north market**

17. (a) **burial** (b) Date thereof **may 8th, 46** (Month) (Day) (Year)

(c) Place: burial or cremation **Salem Cemetary RECTOR ARK**

18. (a) Signature of funeral director **Rowland Mortuary**

(b) Address **4355 WASHINGTON AV.**

19. (a) **MAY 6 1946** (Date received local registrar) **J. F. Bredecker** (Registrar's signature)

Immediate cause of death **Coronary Occlusion**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **9/4**

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

Means of injury **3**

Signature **Catrol E Taylor** (Other) _____

Address **1300 Clark** Date signed **5-6-46**

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..... *Ronald C. Yahnke*
~~Ronald C. Yahnke~~

Licensed Embalmer No..... **3917**

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.