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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 19 1946

Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 38288

Registrar's No. 32276

1. PLACE OF DEATH:

(a) County St. Louis,

(b) City or town Normandy (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: O'Sullivan Nursing Home 4 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

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

(d) Street No. O'Sullivan Nursing Home (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Elasco A. Roberson.

3. (b) If veteran, name war None

3. (c) Social Security No. 492-07-7902

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife ----------

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

7. Birth date of deceased Dec. 29 1885 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
60	10	13	hr. min.

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

10. Usual occupation Retired; Salesman.

11. Industry or business Weber Implement Co.

FATHER

12. Name Thomas H. Roberson.

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

MOTHER

14. Maiden name Mary E.

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

16. (a) Informant Mrs. Frank G. Horton.

(b) Address 1604 Bradford Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/14/46 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director C. R. Lupton & Sons.

(b) Address 7233 Delmar Blvd.

19. (a) 11-13-46 (Date received local registrar) (b) Ruth Allen MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12 year 1946 hour 7:15 minute A. M.

21. I hereby certify that I attended the deceased from Jan 31, 1946, to Nov 12, 1946; that I last saw him alive on Nov 9, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure (Chronic myocarditis) — Duration 1 yr

Due to Emphysema

Due to Spontaneous pneumothorax

Chronic Bronchitis

Other conditions (Include pregnancy within 3 months of death) Chronic cystitis

Glaucoma

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Lewis Littmann M.D. (M. D. or other) MD

Address 8231 Clayton Rd Date signed 11/12/46

(Licensed Embalmer's Statement on Reverse Side)

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

37403

8231 Clayton Rd
PA 02202
3 to 5

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 Raymond L. Morris

Licensed Embalmer No. 4330

P. O. Address Maplewood M

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.