V. S. No. 2
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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 5 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19294

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5239

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

1. PLACE OF DEATH:
(a) County St. Louis
(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 City Hospital
(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 Mo. (b) County St. Louis
(c) City or town ..... (If outside city or town limits, write "RURAL")
(d) Street No. 28 Unknown (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Ashley Roberts
3. (b) If veteran, name war Unknown
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Vera Roberts
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased About (Month) 1906 (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
About 41			..... hr. ..... min.

9. Birthplace Unknown (City, town, or county) (State or foreign country)
10. Usual occupation Carnival Man
11. Industry or business .....
FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Euby L. Cobb
(b) Address 415a Chestnut St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-26-47 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) MAY 26 1947 (Date received local registrar) (b) J. F. Breneen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17 year 1947 hour 7:10 minute P. M.
21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....; that I last saw h..... alive on ..... 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of Skull; Laceration of Brain; when struck by an automobile being driven by one — Duration
Due to Bertram Tomlinson, Jr. at the intersection of Grand and Laclede
Due to Avenues around 12:40 A.M., May 17th, 1947
Other conditions (Include pregnancy within 3 months of death) 170 lb
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) Accident
(b) Date of occurrence May 17th, 1947
(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Public Place (Specify type of place)
While at work? ..... (e) Means of injury As above
23. Signature Alfred J. Perry M.D. (M.D. or other)
Address Deputy Coroner Date signed 5-26-47

(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 Tom Carter, Registered Apprentice No. 500, working under my personal supervision.

Signed Howard. F. Rowland

Licensed Embalmer No. 3114

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.