No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 8 1948

Registration District No. 37

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3869

State File No. 7308

Registrar's No. 496

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Richmand Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys 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: 0-0-0
(c) City or town: St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No.: 7007 Pernod 9
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 1
If yes, name country .....

3. (a) PRINT FULL NAME: Elizabeth Ann Roberts
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex: female 1
5. Color or race: white
6. (a) Single, widowed, married, divorced: 0
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Feb. (Month) 21 (Day) 1948 (Year)

8. AGE: Years 0 | Months 0 | Days 0 | If less than one day: 1 hr. ..... min.

9. Birthplace: St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation .....
11. Industry or business .....

MOTHER FATHER
12. Name: Arthur J. Roberts
13. Birthplace: (City, town, or county) Ill. (State or foreign country) 1
14. Maiden name: Virginia Williams
15. Birthplace: (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant: Arthur J. Roberts
(b) Address: 7007 Pernod
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 2-23-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Bellefontaine
18. (a) Signature of funeral director: Drehmann-Harral
(b) Address: 1905 Union Blvd.
19. (a) 2-23-48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb. day: 21
year: 1948 hour: 8 minute: A M.
21. I hereby certify that I attended the deceased from 2/21 1948 to 2-21 1948
that I last saw her alive on 2-21 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Erythroblastosis	
Due to: 1	
Due to: 1	
Other conditions: 0 (Include pregnancy within 3 months of death)	
Major findings: Of operations: 0	
Of autopsy: 0	

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) 1
(b) Date of occurrence 1
(c) Where did injury occur? (City or town) (County) (State) 1
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) 1
While at work ..... (e) Means of injury 0
23. Signature: Fenn O'Reilly (M. D. or other)
Address: 6125 Bartmer Date signed .....

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

10 to 11

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 Warren A. Carver

Licensed Embalmer No. 3534

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.