MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

22311

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 7003

City St Louis No. St Marys Infirmary St. ..... Ward)

File No. ..... Registered No. 6497

2. FULL NAME David W. Robertson

(a) Residence. No. 4355 Wilcox ave St. 15 Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Anna Robertson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 9-1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	1	10	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Day Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) New York

PARENTS

10. NAME OF FATHER David Robertson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) New York

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) New York

14. INFORMANT Anna Robertson
(Address) 4355 Wilcox Ave

15. FILED JUN 20 1928 19 Mary C Stanley REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 19 1928

17. I HEREBY CERTIFY, That I attended deceased from 6-10-28, 19..., to 6-19-28, 19..., that I last saw h. alive on 6-19-28, 19..., and that death occurred, on the date stated above, at 11.15 A.M. ...m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chr. Myocarditis

Non Pulmonary (duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (SECONDARY) Asthma - bronchial
Hypertension.
(duration) ...yrs. ...mos. ...ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Electrocardiogram

(Signed) J. Mary ..., M.D

6-19, 1928 (Address) 1536 Papin St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
New Trinity Cemetery	June 22 1928

20. UNDERTAKER Wacker-Helderle ADDRESS 2331-S Broadway

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.