

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

Do not use this space.

24146

**1. PLACE OF DEATH**

County St. Louis  
Township Central  
City St. Louis

Registration District No. 189  
Primary Registration District No. 6133B  
(No. 6151 Suburban Ave., St. St. Ward)

File No. \_\_\_\_\_  
Registered No. 189

**2. FULL NAME**

(a) Residence. No. \_\_\_\_\_ 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**

**MEDICAL CERTIFICATE OF DEATH**

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 6, 1930

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (or) WIFE OF Senam M. Robertson

17. I HEREBY CERTIFY, That I attended deceased from April 18, 1930 to July 6, 1930, and that I last saw him alive on July 3rd, 1930, and that death occurred, on the date stated above, at 12:40 A.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 29, 1868

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Arterio Sclerosis  
97  
9813

7. AGE YEARS MONTHS DAYS 62 5 7  
\* LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

(duration) 4 yrs. 3 mos. 3 ds.  
CONTRIBUTORY (SECONDARY) Gangrene of left foot  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Saleman  
(b) General nature of industry, business, or establishment in which employed (or employer) Real Estate  
(c) Name of employer \_\_\_\_\_

18. WHERE WAS DISEASE CONTRACTED  
IF NOT A PLACE OF DEATH \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

18. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no

10. NAME OF FATHER Orice Robertson

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
(Signed) Norman Hanson, M. D.

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

7/7, 1930, (Address) 6131 Elzel ex St Louis Mo

12. MAIDEN NAME OF MOTHER Don't know

\*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.

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

14. INFORMANT (Address) Mrs. Sena M. Robertson  
6151 Suburban Ave

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Memorial Park Cem. DATE OF BURIAL July 8, 1930

15. FILED 7/8, 1930 Rolla Bruce, M.D. REGISTRAR

20. UNDERTAKER Jos. W. Clark ADDRESS 1125 Hodiament Ave.

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.

