

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

Do not use this space.

27560

1. PLACE OF DEATH

County..... Registration District No. 797
 Township..... Primary Registration District No. 1015
 City St. Louis, Mo. (No. St. Louis Nat. Hopt) St. _____ Ward _____

File No. _____
 Registered No. 7375

2. FULL NAME

Baby Robertson Annie Helen Robertson
 (a) Residence, No. 8618 Joseph Ave. St. 129 Ward. Westwood Mo.
 (Usual place of abode) Brentwood (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED —
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/9/32
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

13. NAME William Edward Robertson

14. BIRTHPLACE (CITY OR TOWN) Aberdeen Shire (STATE OR COUNTRY) Scotland

15. MAIDEN NAME Mattie Vann

16. BIRTHPLACE (CITY OR TOWN) Dothan (STATE OR COUNTRY) Alabama

17. INFORMANT William E. Robertson (ADDRESS) 8618 Joseph Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem DATE Aug 11 1932

19. UNDERTAKER Alexander & Sons (ADDRESS) 617 1/2 Delmar St

20. FILED AUG 11 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 11 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 3:15 A.M.
 The principal cause of death and related causes of importance were as follows:

Spontaneous Hemorrhage from intracerebral lesions at birth
2 Pulmonary Hemorrhage
 Date of onset 1603
 Other contributory causes of importance: 1617

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____.

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____

(Signed) W. C. Serwint M. D.
 (Address) St. R. Nat. Hopt

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.

