

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

Do not use this space.

22134

1. PLACE OF DEATH

County Vernon Registration District No. 875
Township 111 Primary Registration District No. 6162
City St. Louis (No.) St. Ward

File No.
Registered No. 141

2. FULL NAME

Susan Alice Robertson
(a) Residence, No. St. Louis Hospital #3 St. 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 4, 1857
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 6 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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) (STATE OR COUNTRY) Mo.

FATHER 13. NAME John B. Thompson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME La Dan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT (ADDRESS) St. Louis Hospital #3 Nevada, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Louville Mo DATE 6-10 33

19. UNDERTAKER (ADDRESS) Allen J. Hays Nevada, Mo.

20. FILED 7-5-1933 E. R. King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1933, to June 8, 1933
I last saw her alive on June 19, 1933. Death is said to have occurred on the date stated above, at 1:40 p.m.

The principal cause of death and related causes of importance were as follows:
Ch. myosarthritis
930
930
Other contributory causes of importance: Arteriosclerosis

Name of operation Date of
What test confirmed diagnosis Clinical Was there an autopsy? No

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? No
If so, specify

(Signed) K. Sengeloff, M. D.
(Address) St. Louis Hospital #3

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JUL 23 1933

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2.5
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