

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

13357  
 Do not use this space.

REC'D MAY 10 1938

**1. PLACE OF DEATH**

(a) County ..... 1 Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1003**  
 (c) City **St. Louis** (d) Street No. **517 Hamilton Ave.** St. **163**  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **3961**

**2. PRINT FULL NAME**

**Mary C. Robertson**  
 (a) Residence, No. **517 Hamilton Ave.** St. **5**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Widowed</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Oscar K. Robertson</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Unk. Unk. 1856</b>		
7. AGE YEARS <b>82</b>	MONTHS <b>Unk.</b>	IF LESS than 1 day, ..... hrs. or ..... min. <b>Unk.</b>
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>Housewife</b>	
	9. Industry or business in which work was done, as 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) <b>Iowa</b>		
FATHER	13. NAME <b>Unknown Garin</b>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Ireland</b>	
MOTHER	15. MAIDEN NAME <b>Catherine Collins</b>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Ireland</b>	
17. INFORMANT (ADDRESS) <b>Mrs. Augusta G. Wolff</b> <b>517 Hamilton Ave.</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Memphis, Tenn.</b> DATE <b>April 28, 1938</b>		
19. FUNERAL DIRECTOR (ADDRESS) <b>Arthur J. Donnelly Undt. Co.</b> <b>3840 Lindell Blvd.</b>		
20. FILED <b>APR 28 1938</b> <b>J. D. [Signature]</b> Local Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 27, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **4-27**, 19**38**, to **4-27**, 19**38**.  
 I last saw h[er] alive on **4-27**, 19**38**. Death is said to have occurred on the date stated above, at **10:45 a.m.**  
 The principal cause of death and related causes of importance were as follows:  
**Cerebral hemorrhage**  
**General arteriosclerosis**  
 Date of onset **?**

Other contributory causes of importance:  
**None used.**

Name of operation.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....  
 Also, specify **None used**  
 (Signed) **[Signature]**, M. D.  
 (Address) **607 N. Howard**

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.

I X12004

*Robertson*

**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by *me* .....,  
L. E. ....  
No. .... or by ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed *Archiv J. Donnelly*  
Licensed Embalmer No. *36670*

**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.)**