

REC'D JUN 9 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH16606
Do not use this space.

791

1003

Registered No. 4467

1. PLACE OF DEATH

- (a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City St. Louis, Mo. (d) Street No. BARNES HOSPITAL St.
 (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.

2. PRINT FULL NAME Claude Carlisle Robertson 163

- (a) Residence, No. 3522 Oregon St. 24 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

Male White Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 4 1923

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.

14

9-10

11

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

School

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)

19 Dec

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) De Soto (STATE OR COUNTRY) Mo.

13. NAME Howard A Robertson

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

15. MAIDEN NAME Frances Dahn

16. BIRTHPLACE (CITY OR TOWN) St. Louis Mo (STATE OR COUNTRY)

17. INFORMANT Howard A Robertson (ADDRESS) 3522 Oregon Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE 5-18-38

19. FUNERAL DIRECTOR (NAME) Kriegshauser Unt. Co (ADDRESS) 4228 So. Kinhighway Blvd

20. FILED MAY 16 1938 J. P. Bredner Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-15-38 19

22. I HEREBY CERTIFY, That I attended deceased from 1-10-38, 19, to 5-15-38, 19.

I last saw him alive on 5-15-38, 19. Death is said to have occurred on the date stated above, at 11:15 a.m.

The principal cause of death and related causes of importance were as follows:

Rheumatic heart disease
Subacute bacterial endocarditis
(Streptococcus viridans)

Date of onset 1932

? Nov/37

Other contributory causes of importance:

Left hemiplegic, cause unknown.

Name of operation..... Date of.....

What test confirmed diagnosis? Bl. culture 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? NO

If so, specify.....

(Signed) C. W. Smith 1, M. D.(Address) BARNES HOSPITAL

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Reinhold K. Lohman

Licensed Embalmer No.....

3395

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.