

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

16880  
Do not use this space.

1. PLACE OF DEATH **DEAD JUN 12 1939**

(a) County..... **St. Louis, Mo.** Registration District No. **791**  
 (b) Township..... Primary Registration District No. **1008**  
 (c) City..... **St. Louis, Mo.** (d) Street No. **1631 Knapp Street** Registered No. **4414**  
 (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 **Charles D. Robertson,**

(a) Residence, No. **1631 Knapp Street.** St. **26** (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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 23rd, 1852**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	<b>86</b>	<b>11</b>	<b>19</b>	

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

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) **Cincinnati, Ohio**

FATHER 13. NAME **Charles D. Robertson,**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Virginia**

MOTHER 15. MAIDEN NAME **Louise Sloan,**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Louisiana,**

17. INFORMANT (ADDRESS) **Miss. Louise Robertson, 1631 Knapp Street.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla Cem.** DATE **May 15th, 1939**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Henry Leidner Und. 1417 North Market Street.**

20. FILED **MAY 12 1939** **J. F. Cudeck** Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5-12, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **JAN - 1938** to **MAY - 11 - 1939**  
 I last saw him alive on **MAY - 11<sup>th</sup>, 1939**. Death is said to have occurred on the date stated above, at **1:15 a.m.**  
 The principal cause of death and related causes of importance were as follows:

Date of onset

**Chronic Myocarditis ?**

Other contributory causes of importance:

**Arteriosclerosis ?**

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_  
 (Signature) **J. W. Manrock,** M. D.  
 Address **1901 Madison St.**

WHITE PAINLY, 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.

**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 Fomer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2233 St. Louis Ave

**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.**