

REC'D JUL 12 1939

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

20246

Do not use this space.

1. PLACE OF DEATH

(a) County.....² Registration District No.....**791**
 (b) Township.....¹ Primary Registration District No.....**1003**
 or **St. Louis** (c) Street No. **4435 Penrose St.** Registered No.....**5090**
 (c) City..... (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (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 **Henry Robertson**

(a) Residence, No. **4435 Penrose St.** St. **10** (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) Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Robertson				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10th. 1855				
7. AGE	YEARS 84	MONTHS 0	DAYS 25	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Laborer			
	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) N.Y.				
FATHER	13. NAME Wm. H. Robertson			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know			
MOTHER	15. MAIDEN NAME Elizabeth Moore			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know			
17. INFORMANT Mrs. Mary Robertson (ADDRESS) 4435 Penrose St.				
18. BURIAL, CREMATION, OR REMOVAL PLACE Friedens Cemetery 6-8 3				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Provost Und. Co. 3710 N. Grand Blvd				
20. FILED JUN 6 1939 J. F. B. [Signature] Local Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **8-5-39**

22. I HEREBY CERTIFY, That I attended deceased from **April 12th** 19**39** to **6/5** 19**39**
 I last saw him alive on **6/5** 19**39** Death is said to have occurred on the date stated above, at **5.45** P.M.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis

Other contributory causes of importance:
Pernicious Anemia

Name of operation..... Date of.....
 What test confirmed diagnosis? **Biopsy** 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) **Alfred H. Vogler** M.D.
 (Address) **4244 W. Glenwood**

Date of onset

Apr 12th
1939

Same

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

FORM 9-19-38

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.

A. J. Vogler
4300 N. 20th St
ce 7740



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

Signed A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand Blvd.

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.