

WRITE PLAINLY, 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.

REC'D DEC 11 1939

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

39049  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Buchanan Registration District No. 85  
 (b) Township St. Joseph Primary Registration District No. 1001 Registered No. 1183  
 (c) City St. Joseph (d) Street No. 6511 Lake Avenue 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 48 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Cristina Robertson  
 (a) Residence, No. 6511 Lake Avenue St.  (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 female 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 James L. Robertson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 26, 1890

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	48	11	20	

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc. Own Home  
 10. Date deceased last worked at this occupation (month and year) August, 1939 11. Total time (years) spent in this occupation

FATHER  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Missouri.  
 13. NAME Mat Scheuer  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Germany

MOTHER  
 15. MAIDEN NAME Katherine Walters  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Germany

17. INFORMANT (ADDRESS) Mrs. Kathryn Merriott, St. Joseph, Missouri.

18. BURIAL CREMATION, OR REMOVAL PLACE St. Joseph, Missouri, Ashland Cemetery DATE November 18, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Walter Meierhoffer, 1302 Faraon St., St. Joseph

20. FILED Nov 18 1939 A. J. Nestler Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1939, to Nov 16, 1939  
 I last saw her alive on Nov 14, 1939 Death is said to have occurred on the date stated above, at 3:10 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Acute exacerbation of a Chronic Interstitial Nephritis  
Almost complete suppression of the excretory function by the kidneys  
 Other contributory causes of importance: 171

Date of onset Nov 14, 1939  
Nov 14  
Nov 15  
1939

Name of operation None Date of Nov  
 What test confirmed diagnosis? Urinary & clinical Was there an autopsy? No

23. If death was due to external cause (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) Gordon Wright MD, M. D.  
 (Address) 847 South Nineteenth

Call - 2 - 3331

return ready

**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

*H. H. Kelly*

Licensed Embalmer No. *Mo.* 3946

P. O. Address *St. Joseph, Missouri.*

**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.**