

MAY 5 1940
Registration District No. 784

Primary Registration District No. 106

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Kirkwood
(c) Name of hospital or institution:
719 Lavina Pl
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. 719 Lavina Pl
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Edith Robertson 163

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Robert 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 2 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 1 2 _____ hr. _____ min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown Gene Curry

13. Birthplace Unknown St. Louis Mo
(City, town, or county) (State or foreign country)

14. Maiden name Unknown Stella Tozler
15. Birthplace Unknown Portland Ore.
(City, town, or county) (State or foreign country)

16. (a) Informant Jerine Behrens

(b) Address R. 12 Box 12 Kirkwood Mo

17. (a) CREMATION (b) Date thereof May-6-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla CREMATOR

18. (a) Signature of funeral director Laura Bopp

(b) 131 W. Arbonne Dr Kirkwood Mo

19. (a) MAY 5-1940 (b) D.R. Hayes M.D. Dr P.H.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4
year 1940 hour 2:30 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary occlusion 1 day

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 9 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? no (Specify type of place) _____
Means of injury _____

23. Signature John O'Connell (M. D. or other) _____

Address Coroner of St. Louis Co State signed 5/5

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

John M Meyer
working under my personal supervision.

Registered Apprentice No. _____

Signed *John M Meyer*

Licensed Embalmer No. *3288*

P.O. Address *340 W. Adams & Kirkwood, Ill*

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.