

No. 2  
4-13-40  
5-17-39  
I X23159

DEC 7-1940

Registration District No. 784

Primary Registration District No. 117

State File No. \_\_\_\_\_

Registrar's No. 2264

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Webster Groves  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
642 Yeddo Ave  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community 36 years  
years, months or days \_\_\_\_\_

3. (a) PRINT FULL NAME HUGH McARTHUR ROBERTSON

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Louise Robertson

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Feb 25 1861  
(Month) (Day) (Year)

8. AGE: Years 79 Months 9 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Chief Clerk Postman

11. Industry or business Missouri Pacific Railroad

12. Name Hugh Robertson

13. Birthplace Scotland  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth McArthur

15. Birthplace Scotland  
(City, town, or county) (State or foreign country)

16. (a) Informant John J. Robertson

(b) Address 642 Yeddo Ave. Webster Groves Mo

17. (a) Burial (b) Date thereof Dec 3-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles

18. (a) Signature of funeral director Parker Burd Co

(b) Address WEBSTER GROVES MO

19. (a) NOV 30 1940 (b) H. R. Thompson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Webster Groves  
(If outside city or town limits, write "RURAL")

(d) Street No. 642 Yeddo  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 50 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 30  
year 1940 hour 8 minute 30 M.

21. I hereby certify that I attended the deceased from November 27, 1940, to Nov. 29, 1940;  
that I last saw him alive on November 29, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis

Due to arteriosclerosis  
of brain hypertension, chronic  
Due to myocarditis

Other conditions 131  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy no

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature H. R. Thompson (M. D. or other) \_\_\_\_\_  
Address 12 N. Gore Ave Date signed 11/30/40

*Hugh M. Arthur Robertson*

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**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 *Orvin B. Lang*  
Licensed Embalmer No. *1581*  
P. O. Address *Webster Groves*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**