

FILED FEB 24 1942
791

Registration District No.

Primary Registration District No. 1003

Registrar's No. 227

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7610 Pennsylvania ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
68 Yrs. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 7610 Pennsylvania ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anna E. Robertson

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife David W. Robertson 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased January 18 1849
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
92 11 20 hr. min.

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

10. Usual occupation At Home

11. Industry or business.....

12. Name Peter Apperson

13. Birthplace Unknown (State or foreign country)

14. Maiden name Mildred Edwards (State or foreign country)

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

16. (a) Informant Elegant Sarge
(b) Address 7516 Pennsylvania ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 12, 42
(Month) (Day) (Year)
(c) Place: burial or cremation Odd Fellows Cemetery

18. (a) Signature of funeral director W. J. Brudeck
(b) Address 7814 S. Broadway

19. (a) JAN 9 1942 (Date received local registrar) (b) W. J. Brudeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 8
year 1942 hour 5 minute 15 p. M.

21. I hereby certify that I attended the deceased from about 1930 to Jan 8 1942
that I last saw him alive on Jan 8th 1942
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Acute Myocarditis
from Chronic Myocarditis
Due to.....
Senility

Other conditions.....
(Include pregnancy within 3 months of death) 93 d

Major findings:
Of operations.....
Of autopsy.....
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) (c) Means of injury.....
23. Signature W. J. Brudeck (M. D. or other)
Address 7405 Mich. Ave. Date signed.....

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

MOTHER FATHER

Dr. Malachuk

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 *Edwin J. Leibinger*
Licensed Embalmer No. *4049*
P. O. Address *6464 Chippewa*

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, fact should be so stated above.