V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 6 1942 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19948

Registration District No. .....

Primary Registration District No. 1003

Registrar's No. 5320

1. PLACE OF DEATH:

(a) County .....

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Barnard Skin and Cancer Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days (Specify whether
In this community 9 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 100

(a) State Missouri (b) County 2

(c) City or town Fornfelt O N.R.
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Mary Jane Robertson

3. (b) If veteran, name war No

3. (c) Social Security No. None.

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced 2 widow

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

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

7. Birth date of deceased Sept. (Month) 16 (Day) 1871 (Year)

8. AGE: Years 70 Months 9 Days 2 If less than one day ..... hr. ..... min.

9. Birthplace Kentucky (City, town, or county) 1 (State or foreign country)

10. Usual occupation House wife

11. Industry or business —

FATHER
12. Name Tom Baham
13. Birthplace Unknow (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Tenn 1 (State or foreign country)

16. (a) Informant Grover Robertson
(b) Address 720 S 4th.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 21-42 (Month) (Day) (Year)
(c) Place: burial or cremation Commerce Mo

18. (a) Signature of funeral director Haman Funeral Home
(b) Address Cape Girardeau Mo

19. (a) JUN 20 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18th
year 9 hour 17 minute A. M.

21. I hereby certify that I attended the deceased from June 9th, 1942, to June 18, 1942
that I last saw her alive on June 18th, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	24 hrs
Due to Rt-ant Left lung	24 hrs.
Due to Carcinoma gall Bladder c̄ gall stones	4 mo ??
Other conditions Marked Carchexia (Include pregnancy within 3 months of death)	

Major findings:
Of operations no operation
(2) - gallstones
(1) Of autopsy Carcinoma Gall-Bladder c̄ metastases liver - lymph nodes

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?
(Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature D. J. Verda (M. D. or other)
Address Barnard Skin and Cancer Date signed 6-18-42

844 (Licensed Embalmer's Statement on Reverse Side)

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 John Ketter

Licensed Embalmer No. 5880

P. O. Address.....

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.