

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

1. PLACE OF DEATH:

(a) County St. Louis,
(b) City or town Valley Park,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
610 Marshall 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 20 yrs. (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis, 16
(c) City or town Valley Park, 1
(If outside city or town limits, write "RURAL")
(d) Street No. 610 Marshall Ave
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Kate 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 married
6. (b) Name of husband or wife Jake Robertson, 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased June, 16, 1880
(Month) (Day) (Year)

8. AGE: Years 61 Months 8 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Franklin Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own home

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Jake Robertson,

(b) Address 610 Marshall, Valley Park, Mo.

17. (a) Burial (b) Date thereof 3/3/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cen. Pacific, Mo.

18. (a) Signature of funeral director Schrader Funeral Home,

(b) Address Bolwin, Mo.

19. (a) MAR 4 1943 (b) C. S. McHenry, Jr.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28,
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Feb 26
1943 to Feb 28 1943
that I last saw ar alive on Feb 28 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cerebral Hemorrhage

Due to _____

Due to _____

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

Major findings: 83a1
Of operations _____
Of autopsy _____

Duration

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? _____ (2) Means of injury _____

23. Signature A. P. Smith (M. D. or other) SM. D

Address Valley ark MO Date signed 3.1.43

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.....

Geo. Schrader

Licensed Embalmer No.

3066

P. O. Address.....

Bellewin, Mo

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.