S. No. 2
DM—5-42
v. 5-17-60
1 copy

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

22486

State File No. 22486

FILED JUN 25 1943

Registration District No. 1317

Primary Registration District No. 6076

Registrar's No. 1438

96 0 0

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 1561 St. Vincents Lane (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 1561 St. Vincents Lane (If rural, give location)

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

3. (a) PRINT FULL NAME Martha Robertson

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

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 James Robertson

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

7. Birth date of deceased June (Month) 28 (Day) 1859 (Year)

8. AGE: Years 83 Months 11 Days 22 If less than one day ..... hr. ..... min.

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

10. Usual occupation housewife

11. Industry or business home

MOTHER FATHER

12. Name Martin Hensley

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

14. Maiden name Mary unknown

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

16. (a) Informant Fred H. Stille

(b) Address 1561 St. Vincents Lane

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6-23-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon Cem.

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) JUN 22 1943 (Date received by local registrar) (b) C. G. McGann M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20. year 1943 hour 4:50 minute P. M.

21. I hereby certify that I attended the deceased from 4/14 1943 to 6-20 1943 that I last saw her alive on 6-20 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Hypo. static - Ulcer — Duration

Due to Bronchial Pneumonia

Due to Fracture of Left femur Apr 14 1943

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations .....

Of autopsy 1952-1 99

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

22. If death was due to external causes, fill in the following: 096

(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 Thos Lewis M. D. or other

Address 612 Pierce Blvd. Date signed 6/21/43

(Licensed Embalmer's Statement on Reverse Side)

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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 Albert R. Thompson Jr

Licensed Embalmer No. 4237

P. O. Address St Louis

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.