

FILED AUG 8 1943

Registration District No. 17

Primary Registration District No. 0076

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
St. Louis Lambert Field  
(If not in hospital or institution, write street number or location)

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

In this community 40 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town La Due Village  
(If outside city or town limits, write "RURAL")

(d) Street No. 48 Picardy Lane  
(If rural, give location)

(e) Citizen of foreign country?.....  
(Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME William B. Robertson

3. (b) If veteran, name war World

3. (c) Social Security No. 381-16-6064

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 1  
year 1943 hour 4 minute P M.

21. I hereby certify that I attended the deceased from.....  
....., 19..... to....., 19.....;

that I last saw h..... alive on....., 19.....;

and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Marjorie L. Robertson

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased Oct. 8 1893  
(Month) (Day) (Year)

Immediate cause of death In the crash of a glider.

Duration

8. AGE:

Years	Months	Days	If less than one day
<u>49</u>	<u>9</u>	<u>23</u>	hr. min.

Due to Body completely mutilated.

Due to.....

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

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

10. Usual occupation Pres. Robertson Aircraft

PHYSICIAN

Underline the cause to which death should be charged statistically.

11. Industry or business.....

MOTHER FATHER { 12. Name John J. Robertson

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

14. Maiden name Myrtle Harmon

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

Major findings:  
Of operations.....

Of autopsy No.

173-6  
34

16. (a) Informant Mr. N. Schuyler

(b) Address 75 Aberdeen Pl.

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof 8-4-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

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

(a) Accident, suicide, or homicide (specify) Accident.

(b) Date of occurrence August 1, 1943

(c) Where did injury occur? Lambert Field  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public place  
(Specify type of place)

While at work?..... (e) Means of injury.....

18. (a) Signature of funeral director Wagoner Und. Co.

(b) Address 3621 Olive St. St. Louis

19. (a) AUG 8 1943  
(Date received local registrar)

W. Mc Gary, M.D.  
(Registrar's signature)

23. Signature Louis H. Bott  
(M. D. or other)

Address Kirkwood, Mo., 8-2-43 Date signed

OCT 20 1944

FEB 16 1944

MAR 29 1945

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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.....

Licensed Embalmer No.....

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.**