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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 13 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30783

State File No. _____

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 222

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution:
209 Monroe St.
(If not in hospital or institution, write street number or location)

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

In this community 30yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

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

(d) Street No. 209 Monroe, St.
(If rural, give location)

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

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

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Deceased

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

7. Birth date of deceased March 3, 1853
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>91</u>	<u>7</u>	<u>0</u>	hr. _____ min.

9. Birthplace Ronake, Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name unk

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

14. Maiden name unk

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

16. (a) Informant Mrs Peral Robertson

(b) Address Jefferson City, Mo.

17. (a) Removal & Burial (b) Date thereof 10/4/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leann Cemetery

18. (a) Signature of funeral director Victor Bruecher

(b) Address Jefferson City, Mo.

19. (a) 10-3-44 (b) Thomas Richter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Oct day 3
year 1944 hour 4 minute H. M.

21. I hereby certify that I attended the deceased from Sept 1, 1944, to Oct 3, 1944;
that I last saw him alive on Sept 1, 44
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris Duration Instant

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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 Edward Kugel (M. D. or other) MD

Address Jefferson City, Mo Date signed 10/5/44

94 f

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

6
5
4

MOTHER FATHER

894 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 10-12-44

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 Victor Bruescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City, 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.