

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8175**
Registrar's No. **2733**

FILED APR 6 1945

Registration District No. **318** Primary Registration District No. **1003**

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:
St. Louis City Hospital #1.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3 day** (Specify whether _____)

In this community _____ **5 yrs** (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED: **OWL**

(a) State **Missouri** (b) County **17 6**

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **5829 THEODOSIA AX**
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Larn Caleb Robertson**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **23rd**
year **1945** hour **7:00** minute **P. M.**

21. I hereby certify that I attended the deceased from **3/22/45**
_____, 19____, to _____, 19____.

that I last saw him **in** alive on **3/23/45**
and that death occurred on the date and hour stated above.

4. Sex **Male 0** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Widower**

6. (b) Name of husband or wife **Josephina** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Feb 11 1859**
(Month) (Day) (Year)

Immediate cause of death **arteriosclerotic heart disease**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **92N**

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day

86 1 12 hr. _____ min.

9. Birthplace **Pulaski County Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **Thomas Robertson**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Mrs. Van Eckhout**

(b) Address **St. Louis Mo**

17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **3-24-45**
(Month) (Day) (Year)

(c) Place: burial or cremation **Piggott Ark**

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)

(e) Means of injury _____

23. Signature **Herbert C. Fritz** 3/24/45
1515 Lafayette (Date signed)

18. (a) Signature of funeral director **Russell Funeral Home**

(b) Address **Piggott Ark**

19. (a) **MAR 27 1945** (b) **J. F. Bredeck**
(Date received by registrar) (Registrar's signature)

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

MOTHER FATHER

2788

2788

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..... *3880*

P. O. Address..... *St Louis 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.