

FILED NOV 25 1946

Registration District No. 327

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis Co.  
(b) City or town Allenton Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Gerald Michael Robertson

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

4. Sex Male race W. 5. Color or W. 6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 26 1939  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>7</u>	<u>4</u>	<u>25</u>	hr. min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Geo. Robertson

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

14. Maiden name Wilma Abanathia

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

16. (a) Informant Wilma Robertson

(b) Address Allenton Mo.

17. (a) Burial (b) Date thereof 11/23/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cem

18. (a) Signature of funeral director Jay B. Smith Funeral Home

(b) Address Maplewood Mo.

19. (a) 11-22-46 (b) Ruth J. Allenton  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96  
(c) City or town Allenton  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route 3  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 20  
year 1946 hour \_\_\_\_\_ minute \_\_\_\_\_ 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.

Immediate cause of death fracture of right side of head, broken neck & chest injuries after being struck by Missouri Pacific Passenger train while standing near track.

Duration

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

(c) Accident, suicide, or homicide (specify) Accident 96

(b) Date of occurrence November 20, 1946.

(c) Where did injury occur? Allenton, Missouri  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Train right-of-way.

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury Blunt impact

23. Signature Arnold J. Willmann (M., D., or other) 3

Address Chayton, Mo. Date signed 11/22/46

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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 3454

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

David C. Gibson

Licensed Embalmer No.

3454

P. O. Address

7456 Monahan

**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.**