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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 28 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15878**
Registrar's No. **912**

Registration District No. **378** Primary Registration District No. **3069**

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

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **Richmond Heights, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Marys Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Maries**
(c) City or town **Belle**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **George William Robertson**
3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **19**
year **1947** hour **8** minute **15 AM**
21. I hereby certify that I attended the deceased from
Apr 1 19**47** to **Apr 19** 19**47**
that I last saw him alive on **Apr 18** 19**47**
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 **Nannie Robertson**
6. (c) Age of husband or wife if alive **49** years
7. Birth date of deceased **April 26 1897**
(Month) (Day) (Year)

Immediate cause of death **Congestive Heart Failure** Duration **2 mos**
Due to **Mitral Stenosis** **5 yrs.**
Due to **92**

8. AGE: Years Months Days If less than one day
49 **11** **23** hr. min.

Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

9. Birthplace **Belle Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **Thomas Robertson**

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

14. Maiden name **Mary Crider**

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

16. (a) Informant **Nannie Robertson**

(b) Address **Belle, Missouri**

17. (a) **Removal** (b) Date thereof **4/21/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Summerfield, Missouri**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 W. Washington Blvd.**

19. (a) **4-22-47** (b) **Conrad G. Shaffer**
(Date received local registrar) (Registrar's signature)

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)
Means of injury **↓**
23. Signature **R. Busella** (M. D. or other) **4/21/47**
Address **3720 Washington** Date signed **4/21/47**

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. *4053*

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.