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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 15 1948
Registration District No. 3948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 15039
Registrar's No. 1071

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Jefferson Barracks (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital (If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution: 9 Days (Specify whether years, months or days)
In this community: 9 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Illinois (b) County: St. Clair 999
(c) City or town: East St. Louis (If outside city or town limits, write "RURAL") 11
(d) Street No.: 2334 No. 47th Street, (If rural, give location) 6
(e) Citizen of foreign country? (Yes or No) 2
If yes, name country:

3. (a) PRINT FULL NAME: ROBERTSON, Sam J. Sr.
3. (b) If veteran, name war: WW-1
3. (c) Social Security No.: Unk.
4. Sex: Male C
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married 1
6. (b) Name of husband or wife: Ida Robertson
6. (c) Age of husband or wife if alive: 41 years
7. Birth date of deceased: May (Month) 22 (Day) 1897 (Year)

8. AGE: Years	Months	Days	If less than one day
50	11	3	hr. min.

9. Birthplace: Wadsworth, Alabama (City, town, or county) (State or foreign country) 1
10. Usual occupation: Millwright
11. Industry or business:
FATHER
12. Name: Unavailable 9
13. Birthplace: " (City, town, or county) (State or foreign country) 1
MOTHER
14. Maiden name: Unavailable 1
15. Birthplace: " (City, town, or county) (State or foreign country) 1
16. (a) Informant: Registrar, VA Hospital
(b) Address: Jefferson Barracks, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4/28/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Nat'l Cem. Jeff. Bks. Mo.
18. (a) Signature of funeral director: C. Hoffmeister U&L Co.
(b) Address: 7814 S. Bdwy. St. Louis, Mo.
19. (a) 4-27-48 (Date received local registrar) (b) Carl A. Zhaf MD (Registrar's signature) Msa

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25 year 1948 hour 10:24 minute A. M.
21. I hereby certify that I attended the deceased from April 16, 1948 to April 25, 1948; that I last saw him alive on April 25, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: ASTROBLASTOMA, RIGHT TEMPORAL LOBE Malignant	
Contributory cause: INCREASED INTRA CRANIAL PRESSURE	
Due to: 546	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 4/17/48 Craniotomy
Of autopsy: Autopsy performed (See cause of death)

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): None
(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? (Specify type of place)
While at work? (Specify nature of injury) 0
23. Signature: L. E. Stilwell, M. D.
Address: Jefferson Barracks, Mo. Date signed: 4/26/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.