

FILED MAR 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6601

#81127

State File No. 2015

318

1003

Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri.		c. LENGTH OF STAY (in this place) 2 MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		17 19	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #2.				d. STREET ADDRESS (If rural, give location) 3907 Delmar Blvd			
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES		b. (Middle) LEWIS		c. (Last) ROBERTSON		4. DATE OF DEATH (Month) (Day) (Year) Feb. 28th, 1949	
5. SEX U MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH Sept-9-1885	
9. AGE (In years last birthday) 63		10. MONTHS 5		11. DAYS 19		12. IF UNDER 1 YEAR Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAINTER		10b. KIND OF BUSINESS OR INDUSTRY SELF		11. BIRTHPLACE (State or foreign country) Owensboro, Kentucky		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE MAUDE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Maude Robertsons 3907 Delmar Bl			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Syphilitic heart disease with aortic regurgitation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary infarction 2/28/49				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1/1/49, 19 to 2/28/49, 19, that I last saw the deceased alive on 2/28/49, 19, and that death occurred at 4:50 PM, from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Edward W. Geburinski M.D.		23b. ADDRESS 1515 Lafayette Ave.,		23c. DATE SIGNED 3/1/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-3-49		24c. NAME OF CEMETERY OR CREMATORY Mount Hope		24d. LOCATION (City, town, or county) (State) St Louis County MO	
DATE REC'D BY LOCAL HEALTH DEPT MAR 2 1949		REGISTRAR'S SIGNATURE J. B. Suster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A. W. McKeoghlin 2301 Lafayette			

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Student Embalmer No.

working under my personal supervision.

Signed.....

W Cooper

Signed.....

Student Embalmer

Licensed Embalmer No. 3830

P. O. Address. 2301 Lafayette

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.