

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34491

State File No.

FILED OCT 9 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 5445 Registrar's No. 2499

1004

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maplewood</u>		c. CITY OR TOWN <u>Maplewood</u> <u>4548</u> d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place) <u>17</u> yrs		e. STREET ADDRESS (If rural, give location) <u>7230 Southwest Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7230 Southwest Ave.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Verne</u>	b. (Middle) <u>W.</u>	c. (Last) <u>Robertson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 21st 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 6, 1891</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>15</u>	IF UNDER 4 WEEKS Hours <u></u> Mins. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Guard</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Ind. Packing Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Mountain Grove Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>David Robertson</u>	13b. MOTHER'S MAIDEN NAME <u>Celestine Black</u>	14. NAME OF HUSBAND OR WIFE <u>Catherine Robertson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW#1</u>	16. SOCIAL SECURITY NO. <u>89-05-9932</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Catherine Robertson</u>	ADDRESS <u>Above</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u> <u>(1891)</u> <u>2 yrs ago.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary occlusion</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4201	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____	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 Nov. 30, 1945, to Sept 21, 1953, that I last saw the deceased alive on Sept 16, 1953, and that death occurred at 11:30 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Louis J. Patton, M.D.</u>	23b. ADDRESS <u>3720 Washington Blvd.</u>	23c. DATE SIGNED <u>9-22-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9/24/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Jefferson Bks. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9/23/53</u>	REGISTRAR'S SIGNATURE <u>Heber J. Smith, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Jay B. Smith Funeral Home</u>	ADDRESS <u>7456 Manchester, Maplewood, Mo.</u>
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JUN 28 1957

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..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 402

P. O. Address Maplewood

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.