

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

35893

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8595**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Marian Hospital</b>			STREET ADDRESS (If rural, give location) <b>17 3815 DeTonty St. 217 1/2</b>		
3. NAME OF DECEASED (Type or Print)	a. (First) <b>ROBERTA</b>	b. (Middle) <b>MAY</b>	c. (Last) <b>ROBERTSON</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sep. 19 1954</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Aug. 5, 1869</b>	9. AGE (in years last birthday) <b>85</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>0</b>
13a. FATHER'S NAME <b>John Leonard Kohler</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Ann Sullens</b>		14. NAME OF HUSBAND OR WIFE <b>Late William P. Robertson</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mary L. Higgins 3815 DeTonty St.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Decompensation &amp; related Anteroseptal Heart disease?</b>			INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Anteroseptal Heart disease?</b> DUE TO (c)			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Small Pox 4 years</b>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? <b>4:00</b>			
22. I hereby certify that I attended the deceased from <b>July 1954</b> , to <b>19 Sept. 1954</b> , that I last saw the deceased alive on <b>18 Sept. 1954</b> , and that death occurred at <b>19:25 A.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>A. P. Dworkin M.D.</b>			23b. ADDRESS <b>1657 So Grand</b>		23c. DATE SIGNED <b>20 Sept 54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Sep. 22, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bellefontaine Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>SEP 20 1954</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Kriegshauser 4228 S. Kingshighway Bl.</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Edwin A. Bennett*

Licensed Embalmer No. 302

P. O. Address .....

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.