

FILED SEP 6 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **29042**  
**7059**  
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <b>Missouri</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</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) <b>2 days</b>		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Chronic Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>6 5139 Terry</b> <i>206/2</i>					
3. NAME OF DECEASED (Type or Print) <b>Nathaniel</b>			a. (First) <b>Robertson</b>		b. (Middle) _____		c. (Last) _____		
4. DATE OF DEATH <b>7/27/56</b>		Month (Day) (Year)		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>5/24/72</b>		9. AGE (In years last birthday) <b>84</b>		IF UNDER 1 YEAR Months _____ Days _____			
IF UNDER 1 YEAR Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Fireman</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Steubenville, Ohio</b>			
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>James Robertson</b>		13b. MOTHER'S MAIDEN NAME <b>Ageline Roberts</b>		14. NAME OF HUSBAND OR WIFE <b>Susan Robertson</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) _____		16. SOCIAL SECURITY NO. <b>492-09-0419</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Susan Robertson</b>		ADDRESS <b>5139 Terry Ave</b>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____				<b>Heart problem</b>				<b>24 hrs</b>	
ANTECEDENT CAUSES				DUE TO (b) <b>Arteriosclerosis of coronary vessels</b>				<b>Year</b>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <b>General Arteriosclerosis</b>				<b>Year</b>	
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.				<b>7/31/56</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>O.K. found in <i>Tricuspid Valve</i> 7/31/56</b>						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) _____		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 <b>7/25</b> , 19 <b>56</b> , to <b>7/27</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>7/27, 1956</b> , and that death occurred at <b>10:55 PM</b> from the causes and on the date stated above.									
23. SIGNATURE <b>[Signature]</b> (Deceased or title) _____				23b. ADDRESS <b>5600 Arsenal Street</b>				23c. DATE SIGNED <b>7/30/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 30, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cem</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Vounty</b>			
DATE REC'D BY LOCAL REG. <b>JUL 30 1956</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Sullivan's 2849 No Euclid Ave</b>			

(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..

Student.....  
Signature of Student Embalmer

Signed *Robert Mayfield*.....  
Licensed Embalmer No. 307.....

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.