URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 16 1960

-60-031105
STATE FILE NUMBER

ENDED

Registration District No. 162 Primary Registration District No. 5594 Registrar's No. 87

1. PLACE OF DEATH
a. COUNTY: JEFFERSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: MERAMEC TWP.
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: HOUSE SPRINGS MO
Inside Limits: Yes ☐ No ☑

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO
b. COUNTY: JEFFERSON
c. CITY OR TOWN: HOUSE SPRINGS MO
Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location): RR #1
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print)
First: HARRY Middle: L. Last: ROBERTSON

4. DATE OF DEATH Month: July Day: 22 Year: 1960

5. SEX: M

6. COLOR OR RACE: W

7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: MAY-24 1884 Ro

9. AGE (last birthday): 76

IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): retired

10b. KIND OF BUSINESS OR INDUSTRY: purchasing agent

11. BIRTHPLACE (City and state or country): CARBONDALE ILL.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Wm ROBERTSON

13b. MOTHER'S MAIDEN NAME: CLARA WHITE

14. NAME OF HUSBAND OR WIFE: ETHEL ROBERTSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 488-01-0708A

17. INFORMANT: Ethel ROBERTSON Address: HOUSE SPRINGS MO RR#1

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Embolism
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Myo Carditis
DUE TO (c): Hypo Tension
INTERVAL BETWEEN ONSET AND DEATH: Immediate

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Myocarditis + Hypotension

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 19, to July 22 and last saw her/him alive on July 20/60
Death occurred at 5 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): A. Robertel MD

22b. ADDRESS: 3606 Gravois St Louis

22c. DATE SIGNED: 7/22

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 7/25/60

23c. NAME OF CEMETERY OR CREMATORY: St Martins Mausoleum

23d. LOCATION (City, town, or county) (State): High Ridge MO

24. FUNERAL DIRECTOR: Brimmer Funeral Home ADDRESS: House Springs Mo

25. DATE RECD. BY LOCAL REG.: 7-25-60

26. REGISTRAR'S SIGNATURE: Robert E. Bauer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

AUG 26 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Herbert J. Gau Jr.

Licensed Embalmer No. 4800

P. O. Address Kirkwood 22

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.