SSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-006412

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1222

AMENDED

FILED VS FEB 20 1961

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo. — Length of stay in 1b: 1 week

c. CITY OR TOWN St. Louis — Inside Limits: Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis City Hosp. #I — Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 1462 Chouteau Ave., — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Ruby, Middle Lee, Last Cruwe

4. DATE OF DEATH: Month 2, Day 5, Year 6I

5. SEX: F

6. COLOR OR RACE: W

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 6-4-1901

9. AGE (last birthday): 59 — 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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (City and state or country): Ill.

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

13a. FATHER'S NAME: Isaac N. Robertson

13b. MOTHER'S MAIDEN NAME: Daisy Hardwig

14. NAME OF HUSBAND OR WIFE: William G. (dcd)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Lester Robertson — Address: Overland 9628 Midland

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Cerebral infarction — INTERVAL BETWEEN ONSET AND DEATH: 10 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Cerebral vascular occlusion

DUE TO (c): Arteriosclerosis c̄ thrombosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diabetes mellitus 332

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 1/28/61, to 2/5/6I and last saw her alive on 2/5/6I
Death occurred at 9:30 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W. Yates Trotter Jr. M.D.

22b. ADDRESS: 1515 Lafayette, Ave

22c. DATE SIGNED: 2/5/6I

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

23b. DATE: 2-8-1961

23c. NAME OF CEMETERY OR CREMATORY: Mt. Lebanon

23d. LOCATION (City, town, or county) (State): St. Ann, Mo.

24. FUNERAL DIRECTOR — ADDRESS: BAUMANN BROS. INC. FUNERAL HOME 2504 WOODSON ROAD

25. DATE RECD. BY LOCAL REG.: FEB 7 1961

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — DOCUMENT — BY AFFIDAVIT OF — MEDICAL CERTIFICATION

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 David C. Libra

Licensed Embalmer No. 3454

P. O. Address Portland

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.