SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-042822
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10753

FILED DEC 11 1961

1. PLACE OF DEATH
a. COUNTY

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

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo. — Length of stay in 1b: 3 weeks

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

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Firman Desloge — Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location): 2120 A Lincoln Ave. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First LYLBURN Middle W. (HARVEY) Last ROBERTSON

4. DATE OF DEATH: Month Nov. Day 17, Year 1961

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: Nov. 4, 1909

9. AGE (last birthday): 52

IF UNDER 1 YEAR: Months 0 Days 13

IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman- Shamrock Furniture Co.

10b. KIND OF BUSINESS OR INDUSTRY: Maplewood, Mo.

11. BIRTHPLACE (City and state or country): Washington, Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Gracey Robertson

13b. MOTHER'S MAIDEN NAME: Aliva Fahrendorf

14. NAME OF HUSBAND OR WIFE: Shirley Schmidt Robertson

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

17. INFORMANT: Mrs. Shirley S. Robinson- Address: 2120 A Lincoln East St. Louis, Ill.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary Thrombosis	2 Hours
DUE TO (b)	Carcinoma Lung c̄ widespread metastasis	3 Months?
DUE TO (c)	to brain, heart etc., 163x	

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

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

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 October 15, 1961 to November 17, 1961 and last saw her him alive on Nov 17, 1961

Death occurred 11:30 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Vincent J. LePicciolo MD

22b. ADDRESS: 1931 Marconi

22c. DATE SIGNED: 11-20-61

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

23b. DATE: 11-21-1961

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

23d. LOCATION (City, town, or county) (State): Belleville, Illinois

24. FUNERAL DIRECTOR C.G. Kurrus, Jr. ADDRESS: KURRUS FUNERAL HOME * EAST ST. LOUIS, ILL.

25. DATE RECD. BY LOCAL REG.: NOV 20 1961

26. REGISTRAR'S SIGNATURE: Carl 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 _____ Signed _____
Signature of Student Embalmer

Licensed Embalmer No. 3162

P. O. Address East St. Louis

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.