

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

14705

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **City 1001**)

File No.

Registered No. **4108**

St. Ward)

2. FULL NAME

Carl Robertson

(a) Residence No. **1572 0 3** St., **23** Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. **17** mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF **Roy Robertson**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Dec 3 - 1907**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. **22 4 20**

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work **Homemaker** (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**

10. NAME OF FATHER **Walter Childers**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**

12. MAIDEN NAME OF MOTHER **Bessie Ferguson**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**

14. INFORMANT **Anna** (Address) **City 1001**

15. FILED **May C. Hartloff** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **April 23 1930**

17. I HEREBY CERTIFY, That I attended deceased from **April 19**, 19**30**, to **April 23**, 19**30** that I last saw **her** alive on **April 23**, 19**30**, and that death occurred, on the date stated above, at **1234 m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS: **1490 120 Lobar Pneumonia 143B (Right Lower Lobe)**

CONTRIBUTORY (SECONDARY) **Pregnancy (8 months) + Parturition** (duration) yrs. mos. **4** ds.

18. WHERE WAS DISEASE CONTRACTED? **1450 15/2 So 3rd St** IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? **no** DATE OF **no**

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) **Ben Margulies, M. D.** **4/23, 1930** (Address) **City 1001**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **same as dec** DATE OF BURIAL **4-25 1930** **Sunset Hill Cemetery**

20. UNDERTAKER **Wick Bros 2201 So Grand** ADDRESS **St Louis mo**

WHITE PLAIN, WITH OVERLAPPING MARGINS TO BE KEPT

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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Admission