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

Do not use this space.

JUL 8 - 1937

791
1003

21947

File No.
Registered No. 5699

1. PLACE OF DEATH

County
Registration District No.
Township
Primary Registration District No.
City ST. LOUIS (No. LUTHERAN HOSPITAL St. Ward)

2. FULL NAME NELLIE C. ROBERTSON

(a) Residence, No. 10 BENTON PLACE St., 22 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 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): WIDOW

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MONT ROBERTSON

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN. 16, 1861

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
76	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) DOE RUN MO

FATHER

13. NAME ADAM ROSENSTENGEL
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) GERMANY

MOTHER

15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY)

17. INFORMANT (ADDRESS) ALM MAY GUSTAFSON 10 BENTON PLACE

18. BURIAL, CREMATION, OR REMOVAL
PLACE NEW ST. MARCUS C. DATE JUNE 11, 1937

19. UNDERTAKER (ADDRESS) FEETZ BROS. 3029 LAFAYETTE AVE

20. FILED JUN 10 1937 J. E. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5/24, 1937, to 6/8, 1937

I last saw her alive on 6/8, 1937. Death is said to have occurred on the date stated above, at 11 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Left Intertrochanteric Fracture	5/24/37

Other contributory causes of importance:

Parotitis - Postoperative Not mumps	5/28/37

Name of operation Insertion of Kirschner pin Date of 5/26/37

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, ~~suicide, or homicide~~? Date of injury 5/24, 1937

Where did injury occur? #10 Benton Pl.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Fell as result of dizziness

Nature of injury Fractured left hip

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Frank Cleary, M. D.

(Address) 1935 Park

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.

Dr Cherry
Miss & Park