V. S. No. 2
100M—2-43
Rev. 5-17-39
I X35697

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 1 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 910

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 680

1. PLACE OF DEATH:
(a) County
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 17
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 919 N. Taylor
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Leo Robertson
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or Race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 17 (Day) 1892 (Year)
8. AGE: Years 51 Months 6 Days 1 If less than one day hr. min.
9. Birthplace Carthage (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Maintenance man
11. Industry or business Mo. Baptist Hospital
FATHER 12. Name Edward Robertson
FATHER 13. Birthplace Sullivan (City, town, or county) Ind. (State or foreign country)
MOTHER 14. Maiden name Malinda Potter
MOTHER 15. Birthplace (City, town, or county) Indiana (State or foreign country)
16. (a) Informant Robert Robertson
(b) Address 719 Lavinia, Kirkwood, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-24-44 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery
18. (a) Signature of funeral director Louis H. Bopp, Inc.
(b) Address Kirkwood, Mo.
19. (a) JAN 23 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18 year 1944 hour 7 minute 30 P.M.
21. I hereby certify that I attended the deceased from Dec 31 1943 to Jan 18 1944 that I last saw him alive on Jan 18 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: acute purulent pericarditis — Duration 2 wks
Due to: Upper respiratory infection — 4 wks
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
Of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature H. F. Bergman (M. D. or other) MD
Address 322 N Washington Date signed 1/21/44

(Licensed Embalmer's Statement on Reverse Side)

680

680

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....Felix L Durand.....

Licensed Embalmer No.....3034.....

P. O. Address.....Kirkwood Mo.....

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 this body is not embalmed, fact should be so stated above.