

FILED FEB 24 1947  
Registration District No. 318

Primary Registration District No. 1003

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: City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 2 weeks  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison  
(c) City or town. ~~St. Louis~~ Mad Venice  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1129 Market  
(If rural, give location) NR, 0  
(e) Citizen of foreign country? no (Yes or No) 2  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Benjamin Robertson

3. (b) If veteran, name war none 3. (c) Social Security No. 490-01-0950

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced. divorced

6. (b) Name of husband or wife Beulah 6. (c) Age of husband or wife if alive. 33 years

7. Birth date of deceased. unknown  
(Month) (Day) (Year)

8. AGE: Years Months Days .If less than one day  
abt. 50 hr. min.

9. Birthplace Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Interior Decorator

11. Industry or business Contractor

12. Name William Robertson

13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Sophie Ruckay  
(City, town, or county) (State or foreign country)

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Cora Tartore  
(b) Address Venice, Illinois

17. (a) Rem. to Madison, Ill. (b) Date thereof. 2/10/47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation. Madison, Ill.

18. (a) Signature of funeral director. J. F. Bredeck  
(b) Address Madison, Illinois

19. (a) FEB 10 1947 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9th  
year 1947 hour 11:15 minute P M.

21. I hereby certify that I attended the deceased from 1/22/47  
to 2/9/47, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.  
that I last saw h im alive on 2/9/47  
and that death occurred on the date and hour stated above.

Immediate cause of death. Internal Carotid aneurysm  
Due to \_\_\_\_\_

Other conditions. \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings: Same  
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? 3

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature. AP Dalton (M. D. or other) M.D.  
Address. 1515 Lafayette Date filled 2/10/47

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

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**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 *Francis J. Jaquey*

Licensed Embalmer No. *2792*

P. O. Address *Madison Ill*

**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.**