. S. No. 2
0M—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36486

FILED OCT 20 1947

Registration District No. 347

Primary Registration District No. 3063

Registrar's No. 2185

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 45 min. (Specify whether
In this community 20 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Wellston (If outside city or town limits, write "RURAL") 0
(d) Street No. 6215 Lennox (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME David Robertson.
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Man 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 12 (Day) 1892 (Year)

8. AGE: Years 55 Months 5 Days 2. If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Selling papers on corner
11. Industry or business
FATHER
12. Name Alexander Robertson
13. Birthplace Aberdeen (City, town, or county) Scotland (State or foreign country) 0
MOTHER
14. Maiden name Laura Lee Cunningham
15. Birthplace Farmington (City, town, or county) Missouri (State or foreign country) 0
16. (a) Informant Jeanne Hempelman
(b) Address 6215 Lennox
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 17/47 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery
18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.
19. (a) 10-16-47 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 14 year 1947 hour 6 minute 15 p.M.
21. I hereby certify that I attended the deceased from Oct. 14 (5:30 pm) 1947, to Oct 14 (6:15 pm) 1947; that I last saw him alive on Oct 14 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hemorrhage into brain stem	1 day
Due to: Hypertension	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Tuberculosis of Lungs	yrs

Major findings:
Of operations
Of autopsy Hemorrhage into Brain Stem. Pulmonary Tb.

PHYSICIAN
Underline the cause of 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 0
23. Signature Russell L. Gardner (M.D. or other)
Address Date signed

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 none, Registered Apprentice No. none, working under my personal supervision.

Signed Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiamont Ave.,

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.