

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3180

State File No. 649

FILED FEB 2 1949

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S. No. 300  
V. 10.48

BIRTH NO.		REG. DIST. NO.	PRIMARY REG. DIST. NO.	Registrar's No.
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Josephine Heitkamp</b>		d. STREET ADDRESS (If rural, give location) <b>3636 Koeln Ave.</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Clarence</b> b. (Middle) <b>E.</b> c. (Last) <b>Robertson</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>1 20 49</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>May 30, 1896</b>	9. AGE (In years last birthday) <b>52</b> IF UNDER 1 YEAR Months <b>8</b> IF UNDER 24 HRS. Days <b>20</b> Hours <b>20</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>door man</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Union Electric</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>				
13a. FATHER'S NAME <b>Westley Robertson</b>		13b. MOTHER'S MAIDEN NAME <b>Allie Johnson</b>		14. NAME OF HUSBAND OR WIFE <b>Hannah Robertson</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b> (If yes, give war or dates of service) <b># 1</b>		16. SOCIAL SECURITY NO. <b>493 05 0617</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Hannah Robertson 3636 Koeln</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Post operative Lobar Pneumonia</b> INTERVAL BETWEEN ONSET AND DEATH <b>36 hrs.</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>12/1/50</b>		
19a. DATE OF OPERATION <b>1-17-49</b>		19b. MAJOR FINDINGS OF OPERATION <b>Chr. Appendicitis &amp; fecal stones</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>No</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <b>1/17-49</b> , 19 <b>49</b> , to <b>1/20</b> , 19 <b>49</b> , that I last saw the deceased alive on <b>1/20</b> , 19 <b>49</b> , and that death occurred at <b>11:02 P.m.</b> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <b>Malcolm J. Stearns M.D.</b>		23b. ADDRESS <b>4535 Vandeventer</b>		23c. DATE SIGNED <b>1/21-49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Buried</b>		24b. DATE <b>Jan 24/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt Hope</b>
24d. LOCATION (City, town, or county) (State) <b>Gemay mo Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Pendler and Co 7420 N. Chicago</b>		
DATE REC'D BY LOCAL REG. <b>JAN 22 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Lasater</b>		

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

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Hans  
4535 Ferguson E  
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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed W E Morris

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3360

P. O. Address \_\_\_\_\_

**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.