

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 4 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **614**

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

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY OR TOWN <b>Normandy Mo</b>		c. CITY OR TOWN <b>Normandy Mo</b>	
c. LENGTH OF STAY (in this place) <b>4 years</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Person Nursing Home</b>		e. STREET ADDRESS (If rural, give location) <b>4411 N. Carson Rd.</b>	

3. NAME OF DECEASED a. (First) <b>Algernon</b> b. (Middle) <b>S.</b> c. (Last) <b>Robertson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>3 13 '55</b>		
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Never Married</b>	
8. DATE OF BIRTH <b>Oct 19 1871</b>			9. AGE (In years last birthday) <b>83</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired work</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>work</b>		
11. BIRTHPLACE (City and State or Foreign Country) <b>Louisville Ky</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		

13a. FATHER'S NAME <b>Charles D. Robertson</b>		13b. MOTHER'S MAIDEN NAME <b>Louise M. Sloan</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>49-14-6272</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Charles A. Robertson</b> ADDRESS <b>2506<sup>a</sup> Howard</b>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Atherosclerotic Cardis.</b> ANTECEDENT CAUSES <b>vascular disease</b> DUE TO (b) _____ DUE TO (c) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS <b>Pulmonary emphysema.</b> Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <b>unknown</b> <b>inhuman</b>
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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 **Mar 29, 1951**, to **Mar 13, 1955**, that I last saw the deceased alive on **Mar 9, 1955**, and that death occurred at **12:20 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Lewis Littmann MD</b> (Degree or title)		23b. ADDRESS <b>8231 Clayton Rd (17)</b>		23c. DATE SIGNED <b>3/14/55</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3/16/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>3/14/55</b>		REGISTRAR'S SIGNATURE <b>Heated Robertson</b>		FUNERAL DIRECTOR'S SIGNATURE <b>Robert D. Jernally</b> ADDRESS <b>2228 St Louis</b>	
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D. W. Lichtenhan  
8231 Clayton Rd.  
32.5

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..

Student.....  
Signature of Student Embalmer

Signed *Bill P. Branson*

Licensed Embalmer No. *47*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.