

FILED AUG 26 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

28095

6501

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Louis</u> )		c. LENGTH OF STAY (in this place) <u>4 1/2 mo</u>		c. CITY OR TOWN <u>Wellston</u> <sup>430</sup>		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 <u>St. Johns Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>6324a Isabelle Avenue</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Walker</u>			b. (Middle) _____			c. (Last) <u>Robertson</u>		
4. DATE OF DEATH <u>7 - 27 1955</u>				5. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female				
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>6/27/1899</u>		9. AGE (In years last birthday) <u>56</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bus Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Public Service</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Henderson County, Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Hilary Robertson</u>			13b. MOTHER'S MAIDEN NAME <u>Parthenia unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Dolores Robertson</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>494-01-0779</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Cedric Schlemmer</u> ADDRESS <u>4563 For. Park</u>				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial failure</u> ANTECEDENT CAUSES DUE TO (b) <u>collagen disease, probably</u> DUE TO (c) <u>Dermatomyositis or Lupus erythematosus</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u>  <u>2 yrs.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
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) <u>456X</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <u>1/29</u> , 19 <u>55</u> , to <u>7-27</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>7-26</u> , 19 <u>55</u> , and that death occurred at <u>4:30 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Arthur K. Truske MD</u>				23b. ADDRESS <u>18 So. Kings Highway</u>		23c. DATE SIGNED <u>7-29-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>7/29/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>		
DATE REC'D BY LOCAL REG. <u>JUL 28 1955</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Drehmann-Harral 1905 Union Blvd.</u>				

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

(Licensed Embalmer's Statement on Reverse Side)

Dr. O.P. Feak  
18 S. Kingshighway  
Wed. 12-6  
No Thur.

— 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 *Warren A. Carver*.....

Licensed Embalmer No. *35*.....

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