

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38796

FILED NOV 25 1955

State File No.

318

1003

Registrar's No. 9620

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|---|-------------------------------|--|--|---|---|--|---|
| 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 <u>Missouri</u> b. COUNTY <u>St. Louis</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | c. LENGTH OF STAY (In this place) _____ | | c. CITY OR TOWN <u>Wellston</u> <u>430</u> | | 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 Isabella Avenue</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Dolores</u> b. (Middle) _____ c. (Last) <u>Robertson</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>11 - 2 - 1955</u> | | | | |
| 5. SEX <u>Fem</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>9 - 5 - 1907</u> | | 9. AGE (In years last birthday) <u>48</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Arkansas</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>John Mc Culloch</u> | | 13b. MOTHER'S MAIDEN NAME <u>Amanda Thompson</u> | | 14. NAME OF HUSBAND OR WIFE <u>Walker Robertson</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Cedric F. Schlemmer, 4563 Forest 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Pancreas</u> DUE TO (c) _____ 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 mo 2 w</u> |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | <u>157x</u> | |
| 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) _____ | | 21f. HOW DID INJURY OCCUR? _____ | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 22. I hereby certify that I attended the deceased from <u>7-7</u> , 19 <u>53</u> , to <u>11-2</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>11-2</u> , 19 <u>55</u> , and that death occurred at <u>6:15 A.M.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>Arthur K. Truskef M.D.</u> (Degree or title) _____ | | 23b. ADDRESS <u>18 So. Kingshighway</u> | | 23c. DATE SIGNED <u>11-4-55</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>11/5/55</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>NOV 4 1955</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Drehmann-Harral 1905 Union Blv. d</u> | | | |

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

Dr. O.P.J. Falk Fri. 12 - 5
18 S. Kingshighway

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 P. 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.