

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6568

FILED MAR 1 1957

State File No. _____
Registrar's No. 1353

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place) <u>6 mo.</u>		e. STREET ADDRESS (If rural, give location) <u>11692 Manchester</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>26 St. Louis Chronic Hosp.</u>		f. STREET ADDRESS <u>27 Osark Nurs. Home</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Allen</u> b. (Middle) _____ c. (Last) <u>Robertson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-8-1957</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	
8. DATE OF BIRTH <u>Dec. 24, 1893</u>		9. AGE (In years last birthday) <u>63</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
11. IF UNDER 24 HRS. Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) / <u>Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>unk.</u>		13b. MOTHER'S MAIDEN NAME <u>unk.</u>		14. NAME OF HUSBAND OR WIFE <u>Prudence ?</u>	
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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) <u>No</u>		16. SOCIAL SECURITY NO. <u>236-16-0512</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>T.G. GORMAN 4321 SHAW</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>?</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>420.0</u>		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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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)	
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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?
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22. I hereby certify that I attended the deceased from 7-16-56, 1956, to 2-8-57, 1957, that I last saw the deceased alive on 2-8-57, 1957, and that death occurred at 12:45 p, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John Niederwieser, M.D.</u>		23b. ADDRESS <u>5800 Arsenal St.</u>		23c. DATE SIGNED <u>2-9-57</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2/11/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. John</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>FEB 11 57</u>		REGISTRAR'S SIGNATURE <u>Carl Smith MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E.J. Schnur 3125 Lafayette Ave.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Joseph B. Hallmer

Licensed Embalmer No. *6014*

P. O. Address *3125 [unclear]*

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.