. Health,
& Welfare
. Public
h Service

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FILED NOV 15 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

38054

STATE FILE NUMBER 10581

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 01 1800 Kennett Pl. — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 23 1800 Kennett Pl. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Edward	Middle: Otto	Last: Robertson	4. DATE OF DEATH Month Day Year: November 2, 1957				
5. SEX: M.	6. COLOR OR RACE: W.	7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: Oct. 20, 1879	9. AGE (In years last birthday): 78	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): retired farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country): Oakridge, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S.				
13a. FATHER'S NAME: Jasper Robertson	13b. MOTHER'S MAIDEN NAME: Emma Cameron	14. NAME OF HUSBAND OR WIFE: Catie Robertson					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: none	17. INFORMANT: Milburn Robertson	Address: 1800 Kennett Pl.				

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY: Reticulum Cell Sarcoma

IMMEDIATE CAUSE (a) reticulum cell sarcoma — INTERVAL BETWEEN ONSET AND DEATH: 3 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c) 200.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): arteriosclerotic heart disease Arteriosclerotic heart dis

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 19, 1955 to Nov. 2, 1957 and last saw him alive on October 30, 1957. Death occurred at 5:15 A.M. 5:15 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Marvin G. Fingerhood (Print or type title) M.D. Marvin G. Fingerhood, M.D.	22b. ADDRESS 4652 Maryland 4652 Maryland Ave., St. Louis	22c. DATE SIGNED 11-5-57

23a. BURIAL, CREMATION, REMOVAL (Specify): removal	23b. DATE: Nov. 3, 1957	23c. NAME OF CEMETERY OR CREMATORY: ---	23d. LOCATION (City, town, or county) (State): Jonesboro, Arkansas	
24. FUNERAL DIRECTOR: Langford	ADDRESS: Jonesboro, Arkansas.	25. DATE RECD. BY LOCAL REG.: NOV 7 57	26. REGISTRAR'S SIGNATURE: J. Earl Smith, M.D. S.P.	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

JAN 15 1958

FEB 3 1958

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 Harvey Kable

Licensed Embalmer No. 4596

P. O. Address Thousand

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.