

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-023681

STATE FILE NUMBER

4686

FILED JUN 16 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

300  
1-57

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1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Maplewood		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) 68 HOSPITAL OR INSTITUTION Deaconess Hospital		Length of stay in lb 3 days	d. STREET ADDRESS (If outside, give location) 27 2636 Laclede Station Rd		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last EVERETTE WILLIAM ROBERTSON			4. DATE OF DEATH Month Day Year April 29, 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug 29, 1900	9. AGE (In years last birthday) 57	10. UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrical Engineer		10b. KIND OF BUSINESS OR INDUSTRY Smith Hanlon-levy Zurheide		11. BIRTHPLACE (City and state or country) St. Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME William E. Robertson		13b. MOTHER'S MAIDEN NAME Lena Moehle	
14. NAME OF HUSBAND OR WIFE Doris Chaney Robertson		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. 493-0563197	
17. INFORMANT Mrs. Lucille Piel, 6993 Edison Avenue		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 1. Mediastinal hemorrhage; 2. Massive atelectasis of both lungs; 3. Multiple fractures, suffered in collision between car operated by deceased and other car near Chester, Illinois, about 12:00 noon April 26, 1958. DUE TO (b) } DUE TO (c) } CAUSE AND MANNER OF SAME COULD NOT BE DETERMINED		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) OPEN VERDICT		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 8164 26			
20c. TIME OF INJURY Hour Month, Day, Year 12 NOON a.m. 4 26 58					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 27 Hurley		20f. CITY, TOWN, OR LOCATION near Chester Ill COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 12:35 P. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE James M. Kelly, Deputy Registrar			22b. ADDRESS 3 1300 Blank		22c. DATE SIGNED 5-1-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE May 2, 1958	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri.
24. FUNERAL DIRECTOR Shepard Funeral Home, 1167 Hamilton Ave		25. DATE RECD. BY LOCAL REG. MAY 1 '58		26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. S.P.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *J. W. M. Binkley* .....

Licensed Embalmer No. *3653*

P. O. Address *J. W. M. Binkley*

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.