

FILED DEC 10 1942

Registration District No. 784

Primary Registration District No. 111

Registrar's No. 2444

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Richmond Heights  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
7443 Arlington Dr  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County \_\_\_\_\_  
(c) City or town Victoria  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary Anna Robertson

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife W. L. Robertson 6. (c) Age of husband or wife if alive Dec 1861 years  
7. Birth date of deceased Dec 1 (Month) (Day) (Year)

8. AGE: Years 80 Months 11 Days 21 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Victoria Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Doctor McKee  
13. Birthplace Victoria Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth McKay  
15. Birthplace Jefferson County Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant William Barnhart  
(b) Address 3431 A Petalozzi St. Louis

17. (a) Burial (b) Date thereof 11-26-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Victoria Mo  
18. (a) Signature of funeral director Donnell B. Dietrich

(b) Address De Soto, Mo.

19. (a) NOV 24 1942 (b) C. L. McParson M.D.  
(Date received local report) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 22  
year 1942 hour \_\_\_\_\_ minute 11:15P.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Natural causes. Duration \_\_\_\_\_

Due to Apoplexy.

Due to \_\_\_\_\_  
Other conditions. 83a1  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy Yes.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 2

23. Signature Julius M. Meyer Deputy Coroner (M. D. or other) \_\_\_\_\_  
Address Kirkwood, Mo. 11/23/42 Date signed \_\_\_\_\_

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

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DEC 11 1919

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**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed John M. Meyer  
Licensed Embalmer No. 13788  
P. O. Address Rockwood, Ind

**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 this body is not embalmed, fact should be so stated above.**