

REC'D JUN 9 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

16716

Do not use this space.

457?

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis, Mo.** (d) Street No. **City Sanitarium** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred **10** yrs. **3** mos. **22** ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Ralph Robison** **125**

(a) Residence, No. **City Sanitarium, 5400 Arsenal** St. **13**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Mrs. Alice May Robison**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **August 5, 1894**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ~~hrs.~~ hrs. or min.
43 **9** **13**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Truck driver**

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) **June, 1937** 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mc Fall, Missouri** **0**

13. NAME **Edward J. Robison** **0**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kirksville, Mo.** **0**

15. MAIDEN NAME **Alice Mae Peaslee**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Cameron, Mo.**

17. INFORMANT **Mrs. Charles E. Faulk**
(ADDRESS) **19 Buchanan, Topeka, Kansas.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Topeka Kansas** DATE **5-21** **38**

19. FUNERAL DIRECTOR (NAME) **Albert H. Hoppe Inc.**
(ADDRESS) **429 N. Euclid Ave**

20. FILED **MAY 19 1938** **J. T. Budick**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 18**, 19**38**

22. I HEREBY CERTIFY, That I attended deceased from **Feb. 28**, 19**38**, to **May 18**, 19**38**

I last saw him alive on **May 18**, 19**38** Death is said

to have occurred on the date stated above, at **5:40 P.M.**

The principal cause of death and related causes of importance were as follows:

Acute Congestive Heart Failure

Date of onset

5/17/38

Other contributory causes of importance:

1. Degenerative Nephritis **5/11/38**
2. Paresis **2/28/38**

Name of operation **No** Date of

What test confirmed diagnosis **Laboratory** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **No**

If so, specify

(Signed) **M. L. Moore, M.D.** M. D.

(Address) **5400 Arsenal St.**

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,

Albert Hopper

or by

Registered Apprentice No., working under my personal supervision.

Signed

Albert Hopper

Licensed Embalmer No.

1861

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 this body is not embalmed, above space should be left blank.