DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 27239

Registration District No. 791 1003 REG'D SEP 14 1939 Primary Registration District No. Registrar's No. 6739

**1. PLACE OF DEATH:**
(a) County City of St. Louis
(b) City or town City of St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Johns Hospital
(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 Illinois (b) County St. Clair
(c) City or town O'Fallon NR
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME 153 Edna Ochs Robinson

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Hartley Robinson

6. (c) Age of husband or wife if alive Unk years

7. Birth date of deceased January 27, 1893 (Month) (Day) (Year)

8. AGE: Years 46 Months 6 Days 4 If less than one day hr. min.

9. Birthplace O'Fallon Township Illinois. (City, town, or county) (State or foreign country)

10. Usual occupation Secretary

11. Industry or business

FATHER
12. Name Rudolph Ochs
13. Birthplace Unknown (City, town, or county) Illinois. (State or foreign country)

MOTHER
14. Maiden name Emily Blank
15. Birthplace Unknown (City, town, or county) Illinois. (State or foreign country)

16. (a) Informant's own signature Mrs. Meta Crosby
(b) Address O'Fallon Illinois.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/3/39 (Month) (Day) (Year)
(c) Place: burial or cremation Lebannon Illinois.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.,

19. (a) AUG 1 1939 (Date received local registrar) (b) J. B. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 31 year 1939 hour 11 minute 03 P. M.

21. I hereby certify that I attended the deceased from July 7, 1939, to July 31, 1939; that I last saw her alive on July 31, 1939; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Uremia | |
| Due to: Bilateral Pyonephrosis, Non-Calculous | |
| Due to: Bilateral Stricture of Ureters Non Malignant | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations 1330
Of autopsy

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

23. Signature Robert F. Hickey (M.D. or Other)
Address 634 No. Grand St. Louis Date signed 7/1/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 1 X 19511

## 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 J. G. Sullivan

Licensed Embalmer No. 1122

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.**