

Registration District No. 784

Primary Registration District No. 106

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Kirkwood
(c) Name of hospital or institution: Bella Nursing Home 3
(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)

3. (a) PRINT FULL NAME Mary Robinson 152

3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Richard 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 10 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 6 18 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Henry Rehkob

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Kattie Ritzel

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Gertrude Janis

(b) Address 3936 High St. E. Cass, Mich.

17. (a) Removal (b) Date thereof 4-30-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Farmington, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) APR 29 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limit, write "RURAL")

(d) Street No. 3452 Utah St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 28
year 1940 hour 5 minute 25 A.M.

21. I hereby certify that I attended the deceased from Jan 10, 1940, to 4-8-27, 1940
that I last saw her alive on 4/1, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death acute endocarditis

Due to arteriosclerosis

Due to coronary atherosclerosis

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration
7
7
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) (a) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address [Address] Date signed 4/29/40

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

1
5
2

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 Albert G. Hoffe

Licensed Embalmer No. 2991

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.