

Registration District No. 781 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 days
(Specify whether _____)
In this community 30 years
(years, months or days)

3. (a) PRINT FULL NAME Ophelia Robinson

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

4. Sex female 5. Color or race col. 6. (a) Single, widowed, married, divorced widow

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

7. Birth date of deceased June 10 1882
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>3</u>	<u>16</u>	hr. _____ min _____

9. Birthplace Chesterfield, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name Louis Carter

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

14. Maiden name Sarah Hamilton

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

16. (a) Informant's own signature Viola Herd

(b) Address 1223n Garrison Ave.

17. (a) Burial (b) Date thereof Sept. 30/1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Dement & Son

(b) Address 2631 Wash St.

19. (a) SEP 23 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 limits, write "RURAL")
(d) Street No. 1223 N Garrison
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 26
year 1940 hour 6:40 minute A M.

21. I hereby certify that I attended the deceased from Sept 13, 1940, to Sept 26, 1940;
that I last saw her alive on Sept 26, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death <u>Hypertensive Heart Disease & Decompensation</u>	Duration <u>2 yrs</u>
<u>Pelvic Tumor (prob malignancy of uterus)</u>	<u>?</u>

Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
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? _____

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

23. Signature [Signature] (M. D. or other) _____
Address 2601 N Whittier Date signed _____

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.

791 FILED OCT 25 1940

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 L. B. Boyd

....., Registered Apprentice No. 10014
working under my personal supervision.

Signed Lonnie Boyd

Licensed Embalmer No. 294

P. O. Address St Louis Mo

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.