No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 89

Registration District No. 791 FEB 25 1941

Primary Registration District No. 1003

Registrar's No. 89

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

**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: 3538 Lawton Ave. (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 Missouri (b) County 000

(c) City or town St. Louis 2117 (If outside city or town limits, write "RURAL")

(d) Street No. 3538 Lawton Ave. 9 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Harriett Robinson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 3

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widowed 2

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

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

7. Birth date of deceased Unknown (Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---|---|---|---|---|
| about | 80 | | | hr. min. |

9. Birthplace Bowling Green / Kentucky (City, town, or county) (State or foreign country)

10. Usual occupation nil

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown 9 Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown Unknown
15. Birthplace Unknown 9 Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Lulu Reynolds

(b) Address 3538 Lawton Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jany. 6 '41 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Russell Undt. Co.

(b) Address 2732 Pine Street 944

19. (a) JAN 6 1941 (Date received local registrar) (b) J. F. Budich (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan day 2nd year 1941 hour 11 minute 10 A.M.

21. I hereby certify that I attended the deceased from Dec 26th, 1940 to Jan 2nd, 1941, that I last saw her alive on Jan 2nd, 1941, and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Myocarditis Chr. | 7 |
| Due to Arteriosclerosis | ? |
| Due to age | — |
| Other conditions Multiple Neuritis (Include pregnancy within 3 months of death) | 10 da |

Major findings:
Of operations nil
Of autopsy nil

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) nil

(b) Date of occurrence nil

(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 0

23. Signature B. Shaughnessy (M. D. or other)

Address 15 N. So. Jefferson Ave. Date signed 1/4/41

(Licensed Embalmer's Statement on Reverse Side)

## 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 Jack Russell

Licensed Embalmer No. 412

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)**

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