15729
. 2
3-40
7-39
K23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FEB MAR 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5622

Registration District No. 791 Primary Registration District No. Registrar's No. 1870

1. PLACE OF DEATH:
(a) County Missouri
(b) City or town St. Louis, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 Days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Missouri (b) County 17
(c) City or town St. Louis, Missouri (If outside city or town limits, write "RURAL") 9 19
(d) Street No. 4398a McPherson Ave., (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Viola Maie Robinson
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Roy Robinson
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased July 8, 1889 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
51	7	18	hr. min.

9. Birthplace Ridgeway (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Detail Clerk
11. Industry or business Style Millinary Shop
FATHER
12. Name Adam Sellinger
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9
MOTHER
14. Maiden name Unknown Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9
16. (a) Informant Iva Harbke
(b) Address Roxana, Illinois.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/27/41 (Month) (Day) (Year)
(c) Place: burial or cremation Edwardsville, Illinois
18. (a) Signature of funeral director Albert H. Hoppe Inc
(b) Address 4700 Washington Blvd.,
19. (a) FEB 27 1941 (Date received local registrar) (b) J. W. Bridek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 26th, year 1941 hour 12 minute 15 P. M.
21. I hereby certify that I attended the deceased from 2/13/41, 19..., to 2/26/41, 19...; that I last saw her alive on 2/26/41, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Bleeding duodenal ulcer; — Duration 2 wks.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) Polycystic Kidneys —
Major findings:
Of operations
Of autopsy As above.

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) (e) Means of injury 0
23. Signature Samuel Wallace (M. D. or other)
Address 1515 Lafayette Date signed 2-26-41

(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. Wilford G. Burnle

Licensed Embalmer No. 4202

P. O. Address.....

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

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