

Registration District No. **791**

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:
2820 Henrietta Street
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 50 years / (Specify whether years, months or days)

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. 2820 Henrietta Street
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 12
 year 1941 hour 5 minute 44 P.M.

21. I hereby certify that I attended the deceased from Sept 6 1941 to Sept 12 1941;
 that I last saw her alive on Sept 12 1941;
 and that death occurred on the date and hour stated above.
 Immediate cause of death Acute Appendicitis Duration 1 week

3. (a) PRINT FULL NAME MAGGIE ROBINSON
 3. (b) If veteran, name war none 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 George 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April 4, 1858
 (Month) (Day) (Year)

8. AGE: Years 83 Months 5 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business at home

MOTHER FATHER { 12. Name Josiah Null
 13. Birthplace Hematite, Missouri (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Hematite, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Augustine Diamond
 (b) Address 2826 Henrietta Street

17. (a) Burial (b) Date thereof 9-15-41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hematite, Missouri

18. (a) Signature of funeral director A. H. McLaughlin
 (b) Address 14 1943 30 Lafayette Ave

19. (a) SEP 14 1941 (b) J. P. Budeck
 (Date received local registrar) (Registrar's signature)

Due to _____
 Due to _____
 Other conditions General Debility - Chronic
 (Include pregnancy within 3 months of death)
Chronic Myocarditis & Hypertension

Major findings:
 Of operation _____
 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) (e) Means of injury _____
 23. Signature H. Louis Schuchert (M. D. or other) _____
 Address 2200 Chestnut Ave Date signed 9-13-41

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

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 Paul A Keith

Licensed Embalmer No. 3612

P. O. Address 2317 Lafayette

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, fact should be so stated above.