

FILED JUN 10 1942

State File No. ....

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **4752**

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

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Stone Nursing Home 44300 W. Pine  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 2 months  
(Specify whether

In this community.....  
years, months or days)

3. (a) PRINT Harriet Elizabeth Robinson  
FULL NAME

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 Married

6. (b) Name of husband or wife Louis P. Robinson 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased. Aug. 20th 1880  
(Month) (Day) (Year)

8. AGE: Years 61 Months 9 Days 9 If less than one day hr. min.

9. Birthplace Eureka Nevada  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Gideon Scanland  
13. Birthplace St. Clair County Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Harriet Begole  
15. Birthplace St. Clair County Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Louis P. Robinson  
(b) Address 1000 Oakland Ave.

17. (a) Burial (b) Date thereof 6-1-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Kriegshauser Mortuaries  
(Specify type of place)

(b) Address 4228 So. Kingshighway Blvd.

19. (a) MAY 31 1942 (b) J. P. Beck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town Oakland Village Webster Groves  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1000 Oakland Ave. NR  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29th  
year 1942 4 hour 50 minute A.M.

21. I hereby certify that I attended the deceased from 1-4-1941  
19 5-29 19 42  
that I last saw her alive on 5/27 19 42  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Acute cardiac dilatation 1 day  
Due to..... Chronic myocarditis 7yrs  
Hypertension x  
arterio-sclerosis 2yrs  
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) no  
(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?

23. Signature A. Thyslie (M. D. or other) med  
Address Pickwood, Mo Date signed 5/29/42

Mr. C. H. Steele  
209 So. Henderson  
130 to 3

**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 Reinhold A. Lohman  
Licensed Embalmer No. 3395  
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, fact should be so stated above.**