S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35831

FILED DEC 1 1942

Registration District No. 1318 Primary Registration District No. 1003 Registrar's No. 9675

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:
3438 Magnolia /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78

(c) City or town Carruthersville NR. 2
(If outside city or town limits, write "RURAL")

(d) Street No. 709 Cotton Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country /

3. (a) PRINT FULL NAME Clara H. 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 Wann Robinson

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased July 20, 1888
(Month) (Day) (Year)

8. AGE: Years 54 Months 3 Days 29 If less than one day hr. min.

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

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Joseph Hampel
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Richardson
15. Birthplace Not known (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Wann Robinson
(b) Address 709 Cotton Carruthersville Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11/21/42 (Month) (Day) (Year)
(c) Place: burial or cremation Carruthersville Mo

18. (a) Signature of funeral director John L Zeugenhem & Sons
(b) Address 7027 Gravois

19. (a) NOV 20 1942 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 19
year 1942 hour 6 minute 15 P M.

21. I hereby certify that I attended the deceased from 4/28/41
, 19 , to , 19 ;
that I last saw her alive on 11/19 , 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma left breast

Due to Cause unknown

Due to 50

Other conditions Metatious into abdomial cavity.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature E. C. Westaver (M. D. or other)

Address 906-7 Chemical Bldg Date signed 11-20-42

(Licensed Embalmer's Statement on Reverse Side)

DEC 7 - 1942

APR 24 1950

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 G. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Gravois

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.