S. No. 2
0M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 29 1943

Registration District No. 8943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40453

Primary Registration District No.

Registrar's No. 11197

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: St Luke's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 weeks (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1003

(a) State Ill. (b) County Randolph

(c) City or town Sparta 11 N.R.
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

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

If yes, name country 2

3. (a) PRINT FULL NAME Margaret A. Robbins

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 Henry Clay Robbins

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased Feb. (Month) 10 (Day) 1865 (Year)

8. AGE: Years 78 Months 10 Days 4 If less than one day hr. min.

9. Birthplace Troy (City, town, or county) New York (State or foreign country) 1

10. Usual occupation Housewife

11. Industry or business Own Home

FATHER
12. Name Daniel McIntyre
13. Birthplace Ireland (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name Julia Ann White
15. Birthplace Troy (City, town, or county) New York (State or foreign country) 1

16. (a) Informant Cecil L. Robbins

(b) Address 5606a Maple ave St. Louis Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-15-43 (Month) (Day) (Year)

(c) Place: burial or cremation Caledonia, Ill

18. (a) Signature of funeral director A A Lynn

(b) Address Sparta Ill.

19. (a) DEC 15 1943 (Date received local registrar) J. F. Bridick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14 year 1943 hour 8:20 minute A M.

21. I hereby certify that I attended the deceased from 11-6 1943 to 12-14 1943 that I last saw her alive on 12-13 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	24 Hrs?
Due to Coronary Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death) Fracture of Left Hip	6 wks
Major findings: Of operations Fracture of Hip	
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) Accident Fell in her home

(b) Date of occurrence 11-6-43

(c) Where did injury occur? Sparta Ill (City or town) (County) 136 (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In her home (Specify type of place)

While at work? (e) Means of injury

23. Signature H. P. McCarroll (M. D. or other) M.D.

Address 539 N. Grand St Louis, Mo Date signed 12-14-43

(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 G W Wilkinson

Licensed Embalmer No. 35775

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.