S. No. 2
M—5-43
. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6982

FILED FEB 25 1946

Registration District No. 317

Primary Registration District No. 3069

Registrar's No. 416

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
7349 Myrtle Ave.
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Maplewood 5
(If outside city or town limits, write "RURAL")

(d) Street No. 7349 Myrtle Ave. 3
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Mary Elizabeth Robbins

3. (b) If veteran, name war .....

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 Walter S.

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Aug. (Month) 12 (Day) 1874 (Year)

8. AGE: Years 71 | Months 6 | Days 3 | If less than one day ..... hr. ..... min.

9. Birthplace Cairo (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Retired Housewife

11. Industry or business .....

FATHER
12. Name George Farnsworth
13. Birthplace Hartford (City, town, or county) Conn. (State or foreign country)

MOTHER
14. Maiden name Marie Maddox
15. Birthplace Dublin (City, town, or county) Ireland (State or foreign country) 4

16. (a) Informant Laura M. Robbins
(b) Address 7349 Myrtle Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 18, 46 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester Ave.

19. (a) 2-19-46 (Date received local registrar) (b) E G McGarran M D (Registrar's signature) MSW

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 15
year 1946 hour 10 minute 30 A M.

21. I hereby certify that I attended the deceased from Oct. 14, 1945 to Jan. 13, 1946
that I last saw her alive on Jan 13, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Heart Disease	One year
Due to Hypertension	7 years
Due to Arteriosclerosis	7 years
Other conditions (Include pregnancy within 3 months of death) 940	

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) .....
(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 Foster A. Dill (M. D. or other) MD
Address 7346 A Manchester, Maplewood, Mo. Date signed 2-16-46

101 (Licensed Embalmer's Statement on Reverse Side)

JUN 2 4 1959

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 3454 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

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.