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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 13 1946
Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 6076

State File No. 38250
Registrar's No. 3239

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Bel-Nor
(c) Name of hospital or institution:
Glen Echo and Clearview Drives
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Bel-Nor
(d) Street No. 2954 Arlmont Drive
(e) Citizen of foreign country?.....
If yes, name country.....

3. (a) PRINT FULL NAME Oliver E. Robison
3. (b) If veteran, name war.....
3. (c) Social Security No.....

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Corda Lee Robison
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased 10 16 1875
(Month) (Day) (Year)

8. AGE: Years 71 Months 0 Days 15
If less than one day hr. min.

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

10. Usual occupation Street Car Motorman

11. Industry or business retired

12. Name Perry Robison

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name Marialia Robison
(City, town, or county) (State or foreign country)

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Corda Robison

(b) Address 2954 Arlmont Dr.

17. (a) burial (b) Date thereof 11/4/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) 11-7-46 (b) Ruth J. Hollenbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 1
year 1946 hour 8 minute 15 A.M.
21. I hereby certify that I attended the deceased from Mar 21
1946 to Mar 1 1946
that I last saw him alive on Mar 21 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Duration

Due to 946

Due to arteriosclerosis

Other conditions arteriosclerosis
(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).....

(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. F. Bergman (M. D. or other) MD

Address 322 Washington Date signed 11/7/46

NOV 15 1946

Dr. Bergman - Je. 6204
3720 Washington
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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 Warren A. Carver
Licensed Embalmer No. 3534
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.