

FILED JAN 17 1947
318

Registration District No. _____

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis, Missouri.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Park Plaza Hotel.
(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)

3. (a) PRINT FULL NAME **LUCY CARY ROBINSON.**

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 **Wm. B. Robinson**
6. (c) Age of husband or wife if alive **70** years

7. Birth date of deceased **December 16 - 1870**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 0 18 hr. min.

9. Birthplace **Alton, Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____

12. Name **Joseph W. Cary**

13. Birthplace **Portland, Conn.**
(City, town, or county) (State or foreign country)

14. Maiden name **Lucy Fay**

15. Birthplace **Alton, Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Wm. B. Robinson**

(b) Address **Park Plaza Hotel**

Burial (b) Date thereof **1/7/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Alton, Illinois**

18. (a) Signature of funeral director **C. R. Lupton & Sons.**

(b) Address **#7233 Delmar Bl'vd.**

19. (a) **JAN 7 1947** (b) **J. F. Brudick**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri.** (b) County _____
(c) City or town **St. Louis,**
(If outside city or town limits, write "RURAL")
(d) Street No. **220 N. Kingshighway.**
(If rural, give location)
(e) Citizen of foreign country? **NO.** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **4th**
year **1947** hour **11** minute **15 P.M.**

21. I hereby certify that I attended the deceased from **January 10th**, 19**47**, to **January 4th**, 19**47**; that I last saw her alive on **January 3rd**, 19**47**; and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration **1 hour.**
Due to **Arterial Sclerosis.** **1 year.**

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: **None.** Of operations _____
Of autopsy **None.**

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) **Arterial Sclerosis**
(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 **Scott Kewer M.D.** (M. D. or other) _____
Address **634 N. Grand Blvd.** Date signed **1-4-47**

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

Dr Scott Heuer.
1105 Congress Hotel.
Bo 7844

128

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 *Clarence H. Murray*

Licensed Embalmer No. *4011*

P. O. Address *St Louis, Mo.*

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.