

FILED MAY 28 1949

STANDARD CERTIFICATE OF DEATH

State File No. 18170

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 107A

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis 96	
b. CITY (If outside corporate limits, write RURAL and give township) Lemay		c. CITY (If outside corporate limits, write RURAL and give township) Lemay	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 632 Military Road	
d. FULL NAME OF HOSPITAL OR INSTITUTION 632 MILITARY ROAD			

3. NAME OF DECEASED (Type or Print)	a. (First) ELIZA	b. (Middle) JANE	c. (Last) ROBINSON	4. DATE OF DEATH (Month) (Day) (Year) May 1 1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH December 25, 1880	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 4	IF UNDER 1 YEAR Days 6	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Pinckneyville, Illinois	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Hiram Robinson	13b. MOTHER'S MAIDEN NAME Caroline Bridges	14. NAME OF HUSBAND OR WIFE Single
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Susan Block, 632 Military, Lemay, Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, athermia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocardial Infarction</i>		?
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arteriosclerosis</i>		?
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Anemia</i>		410X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 926	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 2-4, 1949, to 4-30, 1949, that I last saw the deceased alive on May 29, 1949, and that death occurred at 8:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <i>D. Royal V. E. E.</i>	(Degree or title)	23b. ADDRESS 7110 Michigan Ave	23c. DATE SIGNED 5/1/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE May 2, 1949	24c. NAME OF CEMETERY OR CREMATORY Campbell Hill Cemetery	24d. LOCATION (City, town, or county) (State) Pinckneyville, Illinois
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DATE REC'D BY LOCAL REG. 5-1-49	REGISTRAR'S SIGNATURE <i>Theresa B. L...</i>	25. FUNERAL DIRECTOR'S SIGNATURE C. HOFFMEISTER U. & L. CO., 7814 S. Broadway	ADDRESS St. Louis, Missouri
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(Licensed Embalmer's Statement on Reverse Side)

St. Louis, Missouri

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

300
48

76

5-1-49

Dr. Royal Tibe
6162 Leona
1:30 p.m. - Sunday

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Louis C. Hoffmann

Licensed Embalmer No. 3871

P. O. Address 2814 S Broadway

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.