

FILED MAY 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18575

State File No.

318

1003

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. _____		Registrar's No. 1217			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 5wks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2059			
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hosp.				d. STREET ADDRESS (If rural, give location) 5696 Kingsbury					
3. NAME OF DECEASED (Type or Print) a. (First) Minnie b. (Middle) L c. (Last) Robison			4. DATE OF DEATH (Month) (Day) (Year) May 10, 1950						
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH April 6, 1865		9. AGE (In years last birthday) 85yrs			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Griggsville, Ill.		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Peter Scholl			13b. MOTHER'S MAIDEN NAME Eliza Cole		14. NAME OF HUSBAND OR WIFE James David Robison				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Miss Edna L. Robison					
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, arteria, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gangrene of left leg ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6 weeks 10 years	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) H/SD!					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from September 19 49 to May 10 , 19 50 , that I last saw the deceased alive on May 10, 19 50 , and that death occurred at 2 P m. , from the causes and on the date stated above.									
23a. SIGNATURE <i>[Signature]</i> (Degree or title) D. Wash				23b. ADDRESS 539 No. Grand Blvd.		23c. DATE SIGNED 5/11/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 13, 1950		24c. NAME OF CEMETERY OR CREMATORY West Cemetery		24d. LOCATION (City, town, or county) (State) Jacksonville Ill.			
DATE REC'D BY LOCAL REG. MAY 11 1950		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE Alexander & Son ADDRESS 6175 Belmont					

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

Dr. Henry Kasset
University Club Bldg.
Je 0402

Dr. Vouras
539 N. Grand
71e 0136
Call at 2

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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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed God. E. McCallister
Licensed Embalmer No. 2460

P. O. Address 6175 Pellma

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.