

FILED JUL 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25189**
5652

No. 300
10-48

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY None				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY None			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2019	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8212 Minnesota				d. STREET ADDRESS (If rural, give location) 8212 Minnesota			
3. NAME OF DECEASED (Type or Print) a. (First) ALICE		b. (Middle) JOSEPHINE		c. (Last) ROBISON		4. DATE OF DEATH (Month) (Day) (Year) June 21 1957	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH March 4, 1870	
9. AGE (In years last birthday) 81		IF UNDER 1 YEAR Months 3 Days 17		IF UNDER 48 HRS. Hours Min. 		11. BIRTHPLACE (State or foreign country) 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Arcadia, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Levi LaGrande			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Zacharias T. Robison	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give year or dates of service) None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Pearl Murphy 8212 Minnesota Av.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		<p style="text-align: center;">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis ANTECEDENT CAUSES Arterio Sclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis DUE TO (c) Chronic Endocarditis				INTERVAL BETWEEN ONSET AND DEATH 6 days 10 yr years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H21, H			
22. I hereby certify that I attended the deceased from June 10 , 19 57 , to June 21, 1957 , that I last saw the deceased alive on 6/21 , 19 57 , and that death occurred at 6 p. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) [Signature]				23b. ADDRESS 506 Olive St		23c. DATE SIGNED 6/22/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Motor)		24b. DATE 6-23-57		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Elmo, Missouri	
DATE REC'D BY LOCAL REG. JUN 22 1957		REGISTRAR'S SIGNATURE J. B. Lassater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hoffmeister U.&L.Co., 7814 So. Broadway			

Dr. Martin J. Glaser
506 Olive St., Phone CH 5025

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 _____

Lenus C. Hoffmann

Signed.....
Student Embalmer

Licensed Embalmer No. 3871

P. O. Address. 7814 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.