

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42649

State File No.

FILED JAN 5 1952

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 250

0923
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		c. LENGTH OF STAY (in this place) 12 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Home for Aged		d. STREET ADDRESS (If rural, give location) St. Joseph Home 721 Clay	

3. NAME OF DECEASED (Type or Print) Clara	a. (First)	b. (Middle) -----	c. (Last) Robyn	4. DATE OF DEATH (Month) (Day) (Year) December 24-1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Jan 7, 1865	9. AGE (In years last birthday) 86	Months 11	Days 17	IF UNDER 18 Hrs. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework (retired)	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Robyn	13b. MOTHER'S MAIDEN NAME Clemence Mittenberger	14. NAME OF HUSBAND OR WIFE -----
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give year or dates of service) NIL	16. SOCIAL SECURITY NO. NIL	17. INFORMANT'S SIGNATURE OR NAME Miss Virginia Robyn-St. Louis, Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		
	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) Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 4221 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)	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 **Dec 10, 1951**, to **Dec 24, 1951**, that I last saw the deceased alive on **Dec. 23, 1951**, and that death occurred at **2 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE Joe Jenkins M.D.	(Degree or title)	23b. ADDRESS St Charles, Mo	23c. DATE SIGNED 12-24-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec 26-1951	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) 5239 W. Florissant St. Louis (21) Missouri
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DATE REC'D BY LOCAL REG. 12-28-51	REGISTRAR'S SIGNATURE Francis Hamilton	25. FUNERAL DIRECTOR'S SIGNATURE H. C. Hallmeyer & Sons Co	ADDRESS 800 N. 2nd St. Charles, Mo.
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FILE NO. _____
DISTRICT HEALTH OFFICE NO. 4

DEC 30 1951

RECEIVED

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 Herbert C. Dallmeyer

Licensed Embalmer No. 4546

P. O. Address St. Charles, 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.