

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14719

State File No. \_\_\_\_\_

3864

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <b>Mo.</b> b. COUNTY <b>Lo</b> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis 0</b>				c. LENGTH OF STAY (In this place) <b>1 WK</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lutheran Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>3336 Eminence</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Minnie</b>			b. (Middle) <b>G.</b>		c. (Last) <b>Robinson</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Apr. 23, 1952</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>	8. DATE OF BIRTH <b>Sept 5, 1881</b>		9. AGE (In years last birthday) <b>70</b>	10. UNDER 1 YEAR Months <b>7</b> Days <b>18</b>	11. UNDER 1 WEEK Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>		11. BIRTHPLACE (State or foreign country) <b>Taylorville, Ill. /</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>Gray</b>		13b. MOTHER'S MAIDEN NAME <b>?</b>		14. NAME OF HUSBAND OR WIFE <b>William S. Robinson</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>William G. Robinson</b> ADDRESS <b>6759 Chamber-</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinomatosis</b>					Interval BETWEEN ONSET AND DEATH <b>6 mos</b>	
	ANCECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Primary Carcinoma Rectal</b>					<b>4 yrs.</b>	
	DUE TO (c) <b>Cachexia</b>					<b>1 yr</b>	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION <b>Not Known</b>	19b. MAJOR FINDINGS OF OPERATION <b>As above</b>					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) _____			
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? <b>154X</b>			
22. I hereby certify that I attended the deceased from <b>8/18/37</b> , 19____, to <b>4/23/52</b> , 19____, that I last saw the deceased alive on <b>4/23/52</b> , 19____, and that death occurred at <b>9 P.</b> m., from the cause and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Walter H. ...</b>				23b. ADDRESS <b>3108 S. Grand</b>		23c. DATE SIGNED <b>APR 24 51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal 4</b>		24b. DATE <b>Apr. 25, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, County, Mo.</b>		
DATE RECD BY LOCAL REGISTRAR'S SIGNATURE <b>APR 24 1952</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Ortmann Funeral Home</b> ADDRESS <b>9222 Lackland</b>					

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

7561 6 2 700

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 *Al C Osterman*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3478*

P. O. Address.....

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.