

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2753**

FILED JAN 19 1953
Robert

BIRTH NO. _____ REG. DIST. NO. **316** PRIMARY REG. DIST. NO. **6251** Registrar's No. **17**

0920
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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 admission) a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		c. LENGTH OF STAY (In this place) 6 Months	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ellisville		4. DATE OF DEATH January 8 1953
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Evangelical Emmaus Home			d. STREET ADDRESS (If rural, give location) 1		
3. NAME OF DECEASED (Type or Print) JESSIE	a. (First)	b. (Middle) LEE	c. (Last) ROBINS	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH August 8, 1873
5. SEX Female	6. COLOR OR RACE White	9. AGE (In years last birthday) 79	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Missouri
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	12. CITIZEN OF WHAT COUNTRY? U.S.A.	13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown
13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE Clarence M. Robins	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 Theophil Sharker ADDRESS St. Charles, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion	ANTECEDENT CAUSES			1 1/2	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Chr. Myocarditis			2 yrs	
II. OTHER SIGNIFICANT CONDITIONS: Gen. Arterio sclerosis	DUE TO (b) _____			20 yrs	
DUE TO (c) _____	Conditions contributing to the death but not related to the disease or condition causing death. 4201				
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)	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 Jan 2, 1953 to Jan 8, 1953 that I last saw the deceased alive on Jan 2, 1953 and that death occurred at 4:45 P.M. from the causes and on the date stated above.					
23a. SIGNATURE J.P. Erich Schuch, M.D. (Degree or title)	23b. ADDRESS St. Charles Mo.	23c. DATE SIGNED Jan 9, 1953	24a. BURIAL, CREMATION, REMOVAL Burial (Specify)	24b. DATE January 10, 1953	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory
24a. BURIAL, CREMATION, REMOVAL	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	25. FUNERAL DIRECTOR'S SIGNATURE Hachmann, Ben. St. Charles Mo. ADDRESS	DATE REC'D BY LOCAL REG. Jan 4 1953

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 Clarence M. Billo

Licensed Embalmer No. 4375

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.