

FILED JUN 5 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH19816
State File No. 4607

318

PRIMARY REG. DIST. NO. 1003 Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO. 1003		Registrar's No. 4607			
1. PLACE OF DEATH a. COUNTY City				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 town or township) St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Groves, Mo.					
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital				d. STREET ADDRESS (If rural, give location) 504 Foreston 4607					
3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) ISABEL c. (Last) ROBB			4. DATE OF DEATH (Month) (Day) (Year) May 5, 1953						
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 1, 1872		9. AGE (In years last birthday) 81		10. 1 YEAR 11. 1 YEAR 12. 1 YEAR		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (City and State or Foreign Country) New York City, N.Y.		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Alexander Moore			13b. MOTHER'S MAIDEN NAME Jane Duff		14. NAME OF HUSBAND OR WIFE John Alexander Robb				
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 ADDRESS James A. Christie 504 Foreston, Web. Gr.					
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.				MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-Renal Disease ANCECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. DUE TO (b) Arteriosclerosis 442X F DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture left hip -				INTERVAL BETWEEN ONSET AND DEATH 4 mo 5 years 2 months 11 days	
19a. DATE OF OPERATION 4/27/53		19b. MAJOR FINDINGS OF OPERATION Fracture neck left Femur				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Webster Groves St. Louis Mo					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4 25 1953 2 P		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell on floor at home 4:30					
22. I hereby certify that I attended the deceased from 2/2 1950, to 5/5 1953, that I last saw the deceased alive on 5/5 1953 and that death occurred at 5:50 P. m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Carl L Brand M.D.				23b. ADDRESS Webster Groves Mo		23c. DATE SIGNED 5/6/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE May 6, 1953		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		24d. LOCATION (City, town, or county) (State) Rochester, N. Y.			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAY 6 1953		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alexander & Sons, Inc. 6175 Delmar Blvd.					
(Licensed Embalmer's Statement on Reverse Side)									

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

Dr. E. L. Brand
120 E. Lockwood
Webster Groves

Re. 3038
Web. 2430

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

Jos. E. McCulloch

Licensed Embalmer No. 2960

P. O. Address 6175 Dilma

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.