No. 300
10.48

FILED APR 21 1954

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 14018

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2942

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St.Louis
c. LENGTH OF STAY (In this place): 8-yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St.Ann's Home,5301 Page Blvd.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN: St.Louis
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 5301 Page Blvd. 2069

**3. NAME OF DECEASED** (Type or Print)
a. (First): May
b. (Middle): Monica
c. (Last): Robinson

**4. DATE OF DEATH** (Month) (Day) (Year): Mar.31,1954

**5. SEX**: F, 1
**6. COLOR OR RACE**: W.
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): S.
**8. DATE OF BIRTH**: May 3,1865
**9. AGE** (In years last birthday): 88 — If under 1 year: Months 5, Days 3 — If under 24 hrs.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): At Home
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (City and State or Foreign Country): St.Louis,Mo.
**12. CITIZEN OF WHAT COUNTRY?**: U.S.

**13a. FATHER'S NAME**: Anthony Robinson
**13b. MOTHER'S MAIDEN NAME**: Elizabeth May Alton
**14. NAME OF HUSBAND OR WIFE**:

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**:
**17. INFORMANT'S SIGNATURE OR NAME ADDRESS**: Miss Louise Alton Robinson,5301 Page Blvd.

**18. CAUSE OF DEATH** — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

*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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Lymphatic Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 25 yrs.

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Chronic myocardial damage Senility — 15 yrs

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES [ ] NO [ ]

**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): 204.0
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* April, 1921, *to* March 28, 1954, *that I last saw the deceased alive on* March 28, 1954 *and that death occurred at* 10 a. m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): James R. Ritchie M.D.
**23b. ADDRESS**: 5233 Vista Avenue
**23c. DATE SIGNED**: 3-31-54

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Apr.2,1954
**24c. NAME OF CEMETERY OR CREMATORY**: Calvary Cemetery
**24d. LOCATION** (City, town, or county) (State): St.Louis,Mo.

**DATE REC'D BY LOCAL REG.**: APR 1 1954
**REGISTRAR'S SIGNATURE**: J. Earl Smith, M.D.
**25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS**: Arthur J. Donnelly 3840 Lindell Blvd.
S.P. (Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Francis Williamson

Licensed Embalmer No. 35

P. O. Address St. Louis

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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