

**STANDARD CERTIFICATE OF DEATH**

40048

State File No. ....

**FILED NOV 23 1956**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 543 Registrar's No. 2529

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Jennings</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (In this place) <b>1 year</b>		d. STREET ADDRESS (If rural, give location) <b>5227a North 20th Street</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>9414 Pattonwood Drive</b>			

3. NAME OF DECEASED a. (First) <b>Emilie</b> (Type or Print)		b. (Middle) <b>L</b>		c. (Last) <b>Robbins</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>October 25 1956</b>	
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>		8. DATE OF BIRTH <b>April 13, 1875</b>	
9. AGE (In years last birthday) <b>81</b>		# UNDER 1 YEAR Months		# UNDER 1 YEAR Days		# UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>homemaker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>Frederick Wiese</b>		13b. MOTHER'S MAIDEN NAME <b>Frdericka Lutkermeier</b>		14. NAME OF HUSBAND OR WIFE <b>Charles W. Robbins (Deceased)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Paul H. Palecek, 9414 Pattonwood Dr</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.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma Rectum &amp; Metastases to Liver</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2 yr</b>	
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.		<b>Arterio Sclerosis 154x</b>		<b>about 10 yrs</b>	

19a. DATE OF OPERATION <b>12-1-55</b>		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma Rectum &amp; metastases to Liver</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?	

22. I hereby certify that I attended the deceased from 11-25 1956 to 12-25, 1956, that I last saw the deceased alive on 12-25, 1956, and that death occurred at 9:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Eulrett J. Javary M.D.</b>		23b. ADDRESS <b>607 N. Grand Blvd</b>		23c. DATE SIGNED <b>10/26/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10-29-1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. John's Cemetery</b>	
		24d. LOCATION (City, town, or county) <b>St. Louis County, Missouri</b>		(State)	

DATE REC'D BY LOCAL REG. <b>10-26-56</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Donk</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Math Hermann &amp; Son, Inc., 2161 E. Fair Av</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 8 1955

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 Clement M. Gray

Licensed Embalmer No. 3732

P. O. Address St Louis

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.