

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-045957

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11358

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED NOV 22 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		Length of stay in 1b 75 YRS.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis City Hosp. # 1		d. STREET ADDRESS (If outside, give location) 1522 - NO. MARKET - ST.	
3. NAME OF DECEASED (Type or print) First Anna - AKA (MARY) Middle Last Robinson		4. DATE OF DEATH Month 11 Day 16 Year 63	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-2-1877
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED - CONFECTIONER		10b. KIND OF BUSINESS OR INDUSTRY OWN - CONFECTIONERY	11. BIRTHPLACE (City and state or country) NEW-GLARUS - WISC.
13a. FATHER'S NAME HENRY - STUESSI		13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE JAMES - R - ROBINSON (DECD.)
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or date) NO NONE		17. INFORMANT JAMES - TOLE =	Address 8815 - BURTON - AV. OVERLAND (14) MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pneumococcus Bronchopneumonia</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Passive Congestion of Heart</i> DUE TO (c) <i>434.1</i>			INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <i>11-8-63</i> to <i>11-16-63</i> and last saw her alive on <i>11-16-63</i> Death occurred at <i>11:00 a</i> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <i>Dr. H. L. Graber</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE NOV. 18 - 1963	23c. NAME OF CEMETERY OR CREMATORY VALHALLA - CEMETERY
24. FUNERAL DIRECTOR Brockland Und. Co. 1827 - HOGAN - ST.		23d. LOCATION (City, town, or county) (State) ST. LOUIS - COUNTY - MO.	22c. DATE SIGNED 11-16-63
25. DATE RECD. BY LOCAL REG. NOV 18 1963		26. REGISTRAR'S SIGNATURE <i>Paul Smith, M.D.</i>	

DEC 10 1963

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 _____
Signature of Student Embalmer

Signed J. W. D. Embley
Licensed Embalmer No. 7653

P. O. Address J. W. D. Embley

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.