MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

2554

File No. .....

Registered No. 89

1. PLACE OF DEATH

County ..... Registration District No. .....

Township ..... Primary Registration District No. .....

City St. Louis (No. 4240 Athlone Ave. St. ..... Ward)

2. FULL NAME Laura Robinson

(a) Residence. No. 4240 Athlone Ave. St., 10 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF .....

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 7 1844

7. AGE: Years 82 | Months 5 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Edwardsville Ill

PARENTS

10. NAME OF FATHER: George Day
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Louisville Ky
12. MAIDEN NAME OF MOTHER: Sarah Bartlett
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Edwardsville Ill

14. INFORMANT: Mrs. Albert D. Ulrich
(Address) 4240 Athlone Ave

15. FILED 1927, 19 ..... Max C Starkloff REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 2 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1926, to Jan. 2, 1927, that I last saw her alive on Jan. 1, 1927, and that death occurred, on the date stated above, at 5 30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

93 Atheroma

97 (duration) 4 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) chronic myocarditis

(duration) 2 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Geo Schapf M. D

Jan. 3, 1927 (Address) 2318 Lafayette Ave.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Bellefontaine | DATE OF BURIAL: Jan. 4 1927

20. UNDERTAKER: Math. Hermann and Son | ADDRESS: 4103 West Florissant Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

...E PLAIN ... ADING ... THIS IS A PERMANENT RECORD