

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.
39240

1. PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No. 100B
City St. Louis Mo. (No. 1125 S. Kingshighway) St. Ward)

File No. 11418
Registered No.
St. Ward)

2. FULL NAME

Elizabeth Robinson

(a) Residence, No. 1125 S. Kingshighway 18 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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 25-1869</u>		
7. AGE	YEARS <u>62</u>	MONTHS <u>4</u>
	DAYS <u>18</u>	IF LESS than 1 day, hrs. min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Horse Keeper</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>"</u>	
	10. Date deceased last worked at this occupation (month and year) <u>1931</u>	11. Total time (years) spent in this occupation <u>40 yrs</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
FATHER	13. NAME <u>William Schwartz</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Anna Nesselbush</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Mrs. C. D. White 1125 S. Kingshighway</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt Hope Cem East St. Louis</u> DATE <u>November 14, 1931</u>		
19. UNDERTAKER (ADDRESS) <u>E. J. Schurz 3125 INDEPENDENCE AV. ST. LOUIS, MO.</u>		
20. FILED <u>Nov 13 1931</u> <u>Ray C. Stanley</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 12 1931

22. HEREBY CERTIFY, That I attended deceased from Oct 17 1931, to 11/11 1931. I last saw her alive on 11/11 1931. Death is said to have occurred on the date stated above, at 4:50 p. m. The principal cause of death and related conditions of importance were as follows:
Impure of High
Rheumatoid
59 100A
59 98A
Other contributory causes of importance:
Diabetes mellitus with
thrombosis of vessels

Name of operation None Date of
What test confirmed diagnosis? Electrolyte was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify
(Signed) OW, M. D.
(Address) St. Marys Infirmary

Date of onset
about
10/11/31

