

OCT 26 1937

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

35265

Do not use this space.

1. PLACE OF DEATH

(a) County St. LouisRegistration District No. 789(b) Township CentralPrimary Registration District No. 6033(c) City Wellston(d) Street No. 6148 Page Ave.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred

yrs. mos. ds.

(f) How long in U. S., if of foreign birth?

yrs. mos. ds.

2. PRINT FULL NAME Edith Robinson(a) Residence, No. 6148 Page Ave.St. ☐

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF

(OR) WIFE OF

William T. Robinson

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

August 15, 1875

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

6211

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as saw mill, bank, etc.

at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Nashville, Tennessee

FATHER

13. NAME William Rendels

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Atlanta, Georgia

MOTHER

15. MAIDEN NAME Nancy Crawford

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Nashville, Tennessee

17. INFORMANT (ADDRESS)

Mrs. Mildred Gillaspie

18. BURIAL, CREMATION, OR REMOVAL

PLACE Becham Cemetery DATE September 7, 1937

19. FUNERAL DIRECTOR (ADDRESS)

E. L. Pleitach Inc.

20. FILED

Sept. 17, 1937

Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

September 14, 1937

22. I HEREBY CERTIFY, that I attended deceased from

Sept. 1, 1937 to Sept. 14, 1937I last saw him alive on Sept. 14, 1937 Death is saidto have occurred on the date stated above, at 8:00 m.

The principal cause of death and related causes of importance were as follows:

Cerebral Neurologia

Date of report

Sept. 17, 1937

Other contributory causes of importance:

Sclerosis of vessels

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Date of injury

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?

If so, specify

(Signed)

T. J. Keiser M. D.4503 Washington

(Licensed Embalmer's Statement on Reverse Side)

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.

THIS IS A PERMANENT RECORD

1 X12004

Dr. J. Kempf
4503 Washington Ave.
Riverside 3653 W. Cal.

STATEMENT BY LICENSED EMBALMER

I, Lester Davidson, Licensed Embalmer No. 3347

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Lester Davidson

L. E.

No. 3347 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Lester Davidson
Licensed Embalmer No. 3347

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.)