

ESTD OCT 26 1938

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

*Dr Budke*  
33153  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Charles Mo Registration District No. 257  
 (b) Township St. Charles Primary Registration District No. 3036  
 (c) City St. Charles (d) Street No. 567 Water St Registered No. 133  
 (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

Mrs Elizabeth Robinson 153  
 (a) Residence, No. St Charles Mo St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Female 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 11<sup>th</sup> 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
51 9 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 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) St Charles Mo

FATHER 13. NAME Harrison Posten

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

MOTHER 15. MAIDEN NAME Henrietta Hull

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

17. INFORMANT (ADDRESS) Harry C. Robinson 567 Water St St Charles Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem DATE Sept 14<sup>th</sup> 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. C. Bellmeyer 800 N. Second St Charles Mo

20. FILED 9/14 1938 Clarence G. Theisen Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 10<sup>th</sup> 1938

22. I HEREBY CERTIFY, That I attended deceased from 8-15-38 1938, to 9-10-38 1938.  
 I last saw her alive on 9-10-38 1938. Death is said to have occurred on the date stated above, at 10:45 a.m.  
 The principal cause of death and related causes of importance were as follows:

Chc. hepatitis 1933  
 Other contributory causes of importance: 131  
 Chc. cholecystitis 1933

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Cholera 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) Robt. J. Budke M. D.  
 (Address) 200 Clay N.

CRUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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,

*John E. Dallmeyer*

, or by

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

*John E. Dallmeyer*

Licensed Embalmer No. *2953*

P. O. Address

*St Charles Mo*

**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 this body is not embalmed, above space should be left blank.**