REC'D FEB 10 1939

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

224
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 224
(c) City St. Louis, (d) Street No. Deaconess Hospital St.
(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 152 PANSY ADELE ROBINSON, [illegible]
(a) Residence, No. 111 Summit ave. St. [illegible] Webster Groves Mo.
(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): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Orlando Edmund Robinson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 28 1880

7. AGE: YEARS 58 MONTHS 6 DAYS 8 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: at Home
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): O'Fallon Illinois.

FATHER
13. NAME: Orian C. Bates
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Canton Ohio

MOTHER
15. MAIDEN NAME: Anne Stuart
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

17. INFORMANT (ADDRESS): O.E. Robinson Jr 111 Summit ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Bellefontaine Cem DATE: Jan 9 1939

19. FUNERAL DIRECTOR (ADDRESS): C.R. Lupton & Sons. 7233 Delmar, Blvd.

20. FILED JAN 6 1939 J.D. Budick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1/6/39 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 19 1938 to Jan 5 1939 19
I last saw her alive on Jan 5 1939 Death is said to have occurred on the date stated above, at 5:30 m.
The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis — Date of onset 12/19/38
Other contributory causes of importance: Arteriosclerotic Heart Disease — indefinitely
Name of operation ..... Date of .....
What test confirmed diagnosis? Lab, Clo. Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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 ..... E. J. Whisler
(Signed) ..... M. D.
(Address) 745 Mo Bldg
Je 0100

(Licensed Embalmer's Statement on Reverse Side)

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.
1 X12004

1-4 P.M.
Mo. Theatre Bldg
JE 0100

STATEMENT BY LICENSED EMBALMER

I, Bradford A. Miles, Licensed Embalmer No. 2901

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

L. E.

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed Bradford A. Miles

Licensed Embalmer No. 2901

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.)