

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

**31774**  
 Do not use this space.

**OCT 12 1940**

**1. PLACE OF DEATH**

(a) County Cole Registration District No. 213  
 (b) Township \_\_\_\_\_ Primary Registration District No. 304 Registered No. 232  
 or City Jefferson City, Mo  
 (c) City \_\_\_\_\_ (d) Street No. St. Mary's 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** PERPETUA ROBINSON

(a) Residence, No. 1228 W. Main Street St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**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 George Robinson  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 19, 1847  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
93 5 14

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.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

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

13. NAME Carl Weiser

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

15. MAIDEN NAME Marie Weiss

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

17. INFORMANT Miss Josephine Robinson  
 (ADDRESS) Jefferson City, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE St. Peters DATE 9/5/40

19. FUNERAL DIRECTOR (NAME) John F. Hennrich  
 (ADDRESS) Jefferson City, Mo.

20. FILED 9/4/40 19 40 D. S. Baerford  
 Legal Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/3/40, 19  
 22. HEREBY CERTIFY, that I attended deceased from Jan 20<sup>th</sup> 1940 to Sept 3<sup>rd</sup> 1940  
 I first saw him alive on Sept 3<sup>rd</sup> 1940 Death is said to have occurred on the date stated above, at 3:45 AM  
 The principal cause of death and related causes of importance were as follows:

Pneumonia (Hypostatic)  
12/4/40  
 Date of onset

Other contributory causes of importance:  
Chc. interstitial myocarditis  
Ruptured esophageal varic  
Chronic heart  
arterio-sclerosis

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 \_\_\_\_\_, 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) Thomas J. Kelly M. D.  
 (Address) Jefferson City, Mo.

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.

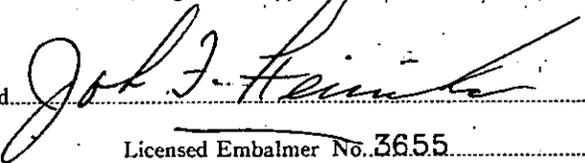
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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

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

Signed .....  
Licensed Embalmer No. 3655.....

P. O. Address Jefferson City, 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.**