

791

1003

10885  
Registrar's No.

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution ENROUTE City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis 4  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6816 Nashville Ave.  
(If rural, give location)  
(e) No Attending Physician \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Ida Robinson

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife James W. Robinson 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Jan. 31st 1898  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
42 10 30 hr. min.

9. Birthplace Salem Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name George Welch

13. Birthplace Salem Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Joan Pace

15. Birthplace Salem Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant James W. Robinson

(b) Address 6816 Nashville Ave.

17. (a) Burial (b) Date thereof 1-1-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery

18. (e) Signature of funeral director Kriegshauser Mortuar

(b) Address 4228 So. Kingshighway Blyd.

19. (a) DEC 31 1940 (b) J. H. Brudeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 30th  
year 1940 hour 2:45 minute A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Branch pneumonia follow  
Due to lung self-administration  
of 1/200 bituric poisoning  
Due to fat her home on Dec 29,  
1940 at about 5:15 P.M.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Suicide  
Of operations \_\_\_\_\_

Of autopsy: \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence 12-27-40

(c) Where did injury occur? St. Louis  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury Suicide

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address [Signature] Date signed 12/30/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

**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.....

*William M. Bennett*

Licensed Embalmer No.....

3024

P. O. Address.....

**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, fact should be so stated above.**