

0. 2
4-41
7-39
X26390

DEC 22 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 9362

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: St. Mary's Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution In hospital 8 days
(Specify whether years, months or days)

In this community 8 days
years, months or days

3. (a) PRINT FULL NAME Mazie Robinson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 3. Color or race C

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ernest Robinson

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 10th 1889
(Month) (Day) (Year)

8. AGE: Years 52 Months 1 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Greenfield Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Matthew Kuper

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

14. Maiden name Alice Kuper

15. Birthplace Greenfield Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant William Robinson

(b) Address 525 Leeton

17. (a) Burial (b) Date thereof 11-26-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Jordan

18. (a) Signature of funeral director Jordan

(b) Address 3100 Franklin Ave.

19. (a) NOV 28 1941 (b) J. F. Bredich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County St. Louis

(c) City or town _____
(If outside city or town limits, write "RURAL")

(d) Street No. 525 Leeton
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24
year 1941 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from 11-16-41
to 11-24-41 1941

that I last saw her alive on 11-24-41 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Hypertensive Heart Disease

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
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 _____

(c) Where did injury occur? _____
(City or town) (County) (State)

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

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature L. S. Davis (M. D. or other) M.D.

Address 1526 Papin St Date signed 11-24-41

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

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, ~~on~~.....

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

Signed

Henry A Goodin

Licensed Embalmer No. *3050*

P. O. Address *4237 W Habachie*

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.