

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 43008  
Registrar's No. 2672

JAN 9 1942 84  
Registration District No. \_\_\_\_\_

Primary Registration District No. 109

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Maplewood  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3701 Commonwealth  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. L.  
(c) City or town Maplewood  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3701 Commonwealth  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Blanche Cordelia Robinson

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex F 5. Color or race W 6. 2 Single, widowed, married, divorced Widowed  
7. Birth date of deceased Dec. 2, 1886  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
55 0 26 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Myrtle, Ark.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

MOTHER FATHER { 12. Name Wm. George Smith  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah Rader  
15. Birthplace Evansville, Ind.  
(City, town, or county) (State or foreign country)

16. (a) Informant Julia Gerst  
(b) Address 7463 Manchester

17. (a) Burial (b) Date thereof 12-31-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cem.

18. (a) Signature of funeral director Jay B. Smith  
(b) Address 7456 Manchester

19. (a) DEC 31 1941 (b) E. J. McQuinn  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28  
year 1941 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from 12/24/41  
to Dec 28, 1941  
that I last saw h. aw alive on 12/27/41  
and that death occurred on the date and hour stated above.  
Immediate cause of death Coronary Occlusion Duration \_\_\_\_\_

Due to Rheumatic Heart Disease  
mal nutrition

Due to \_\_\_\_\_  
Other conditions none  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations none  
Of autopsy none

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
Signature John B. Biscia (M. D. or other) MD  
Address 7648 Oakview Date signed 1/30/41

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

096  
3

096

191.12.200  
264  
Gaither, Ler

**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..... *H. E. Burgess* .....

Licensed Embalmer No. 4029

P. O. Address..... *Maplewood* .....

**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.**