

FILED APR 8 1942
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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9137
Registrar's No. 2311

Registration District No. _____

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Peoples 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. Unknown years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis Henry Mo - NR
(If outside city or town limits, write "RURAL")
(d) Street No. 9837 Eugenia St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11th.
year 1942 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from 7/23/40
_____, 19____, to March 11th. 1942;
that I last saw her alive on March 11th. 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death:
Arteriosclerotic Gangrene 3rd Co.
Arteriosclerotic Heart Disease
(8 yrs)

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
General Anemia

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: Yes
(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 _____
23. Signature W. J. Wilson (M. D. or other)
Address 3449 Pine St. Date signed 3/13/42

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

3. (a) PRINT FULL NAME Bettie Robinson

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

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

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

7. Birth date of deceased Unknown abt. 1845
(Month) (Day) (Year)

8. AGE: Years abt. 97 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace Greenville, Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name Unavailable
13. Birthplace " (City, town, or county) (State or foreign country)
14. Maiden name "
15. Birthplace " (City, town, or county) (State or foreign country)

16. (a) Informant O.A. Guthrie
(b) Address 4011 Delmar Blvd.

17. (a) Burial (b) Date thereof 3-14-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave.

19. (a) READ 1-10 (b) J. T. Brudick
(Date received local registrar) (Registrar's signature)

STATEMENT BY LICENSED EMBALMER

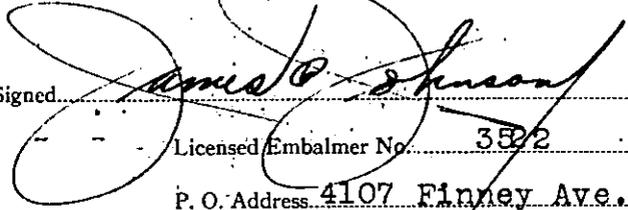
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson

Registered Apprentice No.

working under my personal supervision.

Signed.....



Licensed Embalmer No. 352

P. O. Address. 4107 Finney Ave.

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.