

S. No. 2
M-542
v. 5-17-39
I X32873

31410

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 1911

FILED OCT 6 1942

Registration District No. 724

Primary Registration District No. 101

96.
2.
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)

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

In this community Unknown
years, months or days)

3. (a) PRINT FULL NAME Belle Robson

3. (b) If veteran, name war -

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 George Robson 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased September 11 1880
(Month) (Day) (Year)

8. AGE: Years 62 Months 0 Days 1 If less than one day
hr. min.

9. Birthplace Springfield Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Leroy Cofran

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

14. Maiden name Unknown

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

16. (a) Informant George Robson

(b) Address 4414a Alaska Ave.

17. (a) Burial (b) Date thereof 9/15/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Hecker & Sons Undertaking Co.

(b) Address 3634 Gravois Ave.

19. (a) SEP 14 1942 (b) C. J. McQuinn
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4414a Alaska Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 12 th
year 1942 hour 12 minute 50 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Inquest pending. Duration
Result of auto collision while riding as passenger in private auto that collided

with another auto on a pub. H'way
Scalp lacerations; slight subarachnoid hemorrhages; compound fracture left forearm and both tibiae

Due to _____

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

Major findings: Of operations _____ 1705-4

Of autopsy Yes. 28

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) accident 096

(b) Date of occurrence 9-4-42

(c) Where did injury occur? 9200 Nat. Bridge
(City or town) (County) (State)

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

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Roy H. Coffey (City, town, or other)
Address Kirkwood, Mo. 9/14/42 Date signed

SEP 17 1945

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 Robert C. Wheeler
Licensed Embalmer No. 2128
P. O. Address St Louis 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, fact should be so stated above.