

FILED JUL 24 1943

Registration District No. \_\_\_\_\_

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis,

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

(c) Name of hospital or institution:  
727 Bella Avenue /  
(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 (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 727 Bella Ave.  
(If rural, give location)

(e) Citizen of foreign country? -- (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Elizabeth Robinson

3. (b) If veteran, name war --

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16  
year 1943 hour 12 minute 50 A.M.

4. Sex Female

5. Color or race White

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

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

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

7. Birth date of deceased July 4, 1871  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 1940 1940 to 7-15-43 1943  
that I last saw her alive on 7-15-43 1943  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

72 0 12 hr. \_\_\_\_\_ min.

Immediate cause of death  
Myocarditis  
Hypertension  
93d

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace Fulton, Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Home

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

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

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

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

MOTHER FATHER { 12. Name William T. Herring

{ 13. Birthplace Unknown 7  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Unknown

{ 15. Birthplace Unknown 7  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant Stanley Burgess

(b) Address 727 Bella Ave., Lemay, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 19 43  
(Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Walter Helderly, D.D.S.

(b) Address 3634 Gravois Avenue

19. (a) JUL 19 1943 (Date received legal registrar)

(b) C. H. McLaughlin (Registrar's signature)

While at work \_\_\_\_\_ (Specify type of place)

Means of injury \_\_\_\_\_

23. Signature W. C. ... (M. D. or other)

Address 6639 24. Date signed \_\_\_\_\_

Duration 2 and 1/2 years

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

**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 *Frank J. Malone*.....

Licensed Embalmer No. *10645*.....

P. O. Address *Vermont*.....

**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.**