

FILED JUL 17 1943

Registration District No.

Primary Registration District No. 3063

1614

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 _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Ferguson
(If outside city or town limits, write "RURAL")
(d) Street No. 207 So. Barat Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Laura B. Robinson

3. (b) If veteran, name war None 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 Ivan C. Robinson 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Sept. 29th 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 9 14 hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name William Paule 13. Birthplace Unknown 9

14. Maiden name Unknown 15. Birthplace Unknown 9

(City, town, or county) (State or foreign country)

16. (a) Informant Venita Chrisman
(b) Address 207 So. Barat Ave.

17. (a) Burial (b) Date thereof 7-16-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Kriegshausler Mortuar
(b) Address 4228 So. Kingshighway Blvd.

19. (a) JUL 16 1943 (b) C. S. McPherson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13th
year 1943 hour 11 minute P.M. M.

21. I hereby certify that I attended the deceased from Jan. 10 - 43
Jan. 10 1943 to July 13 - 1943
that I last saw her alive on July 13 1943
and that death occurred on the date and hour stated above.

Immediate cause of death
chronic myocardiopathy
chronic bronchopneumonia
nephritis
Due to _____
Due to 131f
Other conditions General anasarca
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____
Of autopsy _____

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? _____

23. Signature C. W. Gassner (M. D. or other)
Address 1504 So. Grand Date signed 7/14/43

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

Mr. C. W. Stauss
1504 So Grand
Pr 6133 Wg: 09 24
130-4

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 Richard W. Stauss

Licensed Embalmer No. 4007

P. O. Address _____

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.