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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 30 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35303

State File No.

Registration District No. 317 Primary Registration District No. 3068 Registrar's No. 2405

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: 2620a Lyle Ave.
(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: 96

(a) State Missouri (b) County St. Louis 5

(c) City or town Maplewood 3
(If outside city or town limits, write "RURAL")

(d) Street No. 2620a Lyle Ave.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Marie Christine Robinson

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female

5. Color or race white

6. (a) Single, widowed, married. 2 divorced widowed

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

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

7. Birth date of deceased January (Month) 6 (Day) 1873 (Year)

8. AGE: Years 70 Months 9 Days 20 If less than one day hr. min.

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

10. Usual occupation retired housewife

11. Industry or business

FATHER
12. Name Henry Schlueter
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Kathryn Scheinish
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Rosa Stark
(b) Address 2623 Lyle Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-30-43 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cemetery

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

19. (a) OCT 28 1943 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature) F.S.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 26 year 1943 hour 1:55 A. M. minute M.

21. I hereby certify that I attended the deceased from June 1943, 19 to 10/26, 1943 that I last saw her alive on 10/26/43, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerotic Heart Disease	
Due to Acute Cholecystitis	
Due to Anemia, Pernicious	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature John C. Busse (M. D. or other) MD

Address Maplewood Mo Date signed 10/26/43

(Licensed Embalmer's Statement on Reverse Side)

Dr. Briscoe
2648 Oakview Tr.

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 3454

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

Maplewo

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.