

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28326  
Registrar's No. 109

Registration District No. 310 Primary Registration District No. 3058

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

1. PLACE OF DEATH:  
(a) County St. Charles  
(b) City or town St. Charles  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1009 N. Benton 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 \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Charles  
(c) City or town St. Charles  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1009 N. Benton Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME SARAH ROBINSON  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex female 5. Color or race colored 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Matthew Robinson 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased August 31, 1851  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>93</u>	<u>11</u>	<u>11</u>	hr. _____ min.

9. Birthplace St. Charles County, Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Housewife

11. Industry or business At home  
12. Name Daniel Miller  
13. Birthplace unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Eliza Iseman  
15. Birthplace St. Charles County, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Robinson (Son)  
(b) Address 567 Water St.-St. Charles, Mo.  
17. (a) burial (b) Date thereof Aug. 15-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Oak Grove-St. Charles, Mo.

18. (a) Signature of funeral director H. C. Dillmeyer & Sons Co  
(b) Address 801 N. 2nd-St. Charles, Mo.  
19. (a) 9/18/45 (b) Conrad B. Paul  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 12 day August  
year 1945 hour 11:10 minute P. M.  
21. I hereby certify that I attended the deceased from Aug-1940  
to Aug 12, 1945  
that I last saw her alive on Aug 1, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Myocardial  
Due to Hypertension & stroke  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
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 H. C. Dillmeyer (M. D. or other) \_\_\_\_\_  
Address 200 N. Main St. St. Charles, Mo. Date signed 8/18/45

1340

RECEIVED

District Health Officer No. 8

District File Number.....

Date Filed: 9-12-45

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 John E. Dellmeyer  
Licensed Embalmer No. 2951  
P. O. Address St Charles Ma

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.