

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

21596
State File No. _____
Registrar's No. 1784

FILED JUL 6 1948
Registration District No. 1987

Primary Registration District No. 2069

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Weeks
(Specify whether years, months or days)

3: (a) PRINT FULL NAME Edward B. Robbins

3: (b) If veteran, name war None 3: (c) Social Security No. 494-07-5034

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth (c) Age of husband or wife if alive 70 years

7. Birth date of deceased: December 13 1874
(Month) (Day) (Year)

8. AGE: Years 73 Months 5 Days 20 If less than one day hr. min.

9. Birthplace Centrel Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Plumber

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Jennie Miller

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

16. (a) Informant Mrs. Elizabeth Robbins

(b) Address 245 Henquin Dr. Ferguson

17. (a) Burial (b) Date thereof 6-7-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Math. Hermann & Son, Inc

(b) Address 2161 E. Fair Ave

19. (a) 6-2-48 (b) Paul J. Haynes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Ferguson
(If outside city or town limits, write "RURAL")
(d) Street No. 245 Henquin Dr.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3
year 1948 hour 7 minute 25 PM

21. I hereby certify that I attended the deceased from Apr 15, 1948, to June 3, 1948
that I last saw him alive on June 3, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 2 mos

Due to Arterio Sclerosis yrs? 4

Due to g3a

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

Major findings: Of operations _____

Of autopsy As above

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? _____

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

23. Signature Raymond Husella (M. D. or other) 6/9/48
Address 3720 Washington Date signed _____

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 B. Burnley
Licensed Embalmer No. 4302
P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.