FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 28 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23842

Registration District No. 275 | Primary Registration District No. 3053 | Registrar's No. 58

1. PLACE OF DEATH:

(a) County: Phelps
(b) City or town: Rolla
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McFarland Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 months (Specify whether years, months or days)
In this community: 3 months

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis
(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No.: 3553 Boswell
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: LOUISE ROBINSON

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Female

5. Color or race: Wh.

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

6. (b) Name of husband or wife: Fred

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

7. Birth date of deceased: May 29, 1868 (Month) (Day) (Year)

8. AGE: Years 80 | Months 1 | Days 12 | If less than one day: hr. min.

9. Birthplace: Austin, (City, town, or county) Texas (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

MOTHER FATHER

12. Name: Jacob Klinger

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

14. Maiden name: Unkown

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

16. (a) Informant: Fred Robinson, Jr.
(b) Address: 3553 Boswell St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-14-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Rolla Cemetery

18. (a) Signature of funeral director: Null & Sons F. H.
(b) Address: Rolla, Missouri

19. (a) 7-22-48 (Date received local registrar) (b) Nadine L. Stoll (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11 year 1948 hour 10 minute 35 P.M.

21. I hereby certify that I attended the deceased from April 14, 1948, 19__, to July 11, 1948, that I last saw her alive on July 11, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Low type of infection and a fecal fistula in the left lower abdomen. — Duration

Due to:

Due to:

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

Major findings:
Of operations: No
Of autopsy:

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: Rodney McFarland (M. D. or other)
Address: Rolla, Mo. Date signed 7-15-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Phelps County Health Officer,
County File Number _____
Date Filed 7/22/48

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 Paul E. Null
Licensed Embalmer No. 4498
P. O. Address Rolla

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.