

FILED MAR 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7027

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

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 346

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Creve Coeur Lake</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Creve Coeur Lake</u>		96 0 0
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Creve Coeur Mill Road</u>			d. STREET ADDRESS (If rural, give location) <u>Creve Coeur Mill Road</u> 0		
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>C.</u> c. (Last) <u>Robbins</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-12-1949</u>		
5. SEX <u>Male</u> 0	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 17, 1885</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>26</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hotel</u>	11. BIRTHPLACE (State or foreign country) <u>Chillicothe Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Maude E.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>489-16-5149</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Viva Lee Raucher Creve Coeur, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Sclerosis</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u> <u>Jan 46</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4/19</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan</u> , 1946, to <u>2-10</u> , 1949, that I last saw the deceased alive on <u>2-10-49</u> , and that death occurred at <u>11:00 Am.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>C. L. Raucher M.D.</u>			23b. ADDRESS <u>1927 - 2 main</u>		23c. DATE SIGNED <u>2-14-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-14-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fee Fee Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Pattonville, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>2-14-49</u>	REGISTRAR'S SIGNATURE <u>Thurman L. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thurman L. ...</u>	ADDRESS <u>2504 Woodson Rd. Overland-14-Mo.</u>		

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Osca F. Mueller

Signed _____

Student Embalmer

Licensed Embalmer No. 3039

P. O. Address Overland 14 Mo

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.