

FILED SEP 2 1949

STANDARD CERTIFICATE OF DEATH

28481
7380
State File No.

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>St. Louis, Mo. City</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) <u>S. Kirkwood</u>		c. LENGTH OF STAY (In this place) <u>19 Yr</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>S. Kirkwood</u>		TOWN <u>St. Louis</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marya Infirmary</u>				d. STREET ADDRESS (If rural, give location) <u>226 Alsbreeck</u>				
3. NAME OF DECEASED a. (First) <u>Jennie</u>			b. (Middle) <u>Robnett</u>		c. (Last) <u>Robnett</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 23 1949</u>								
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Col.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Mar. 2, 1880</u>		
9. AGE (In years last birthday) <u>69</u>		if UNDER 1 YEAR Months <u>5</u> Days <u>20</u>		if UNDER 2 HRS. Hours <u> </u> Min. <u> </u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Summerset Ky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joe Gillispie</u>			13b. MOTHER'S MAIDEN NAME <u>Mary ?</u>		14. NAME OF HUSBAND OR WIFE <u>Frank Robnett</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Frank Robnett</u> ADDRESS <u>226 Alsbreeck</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the Stomach</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u>						
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES						
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____						
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS						
Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) <u>Mo.</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>157X</u>				
22. I hereby certify that I attended the deceased from <u>7-11-49</u> , 19 <u> </u> , to <u>8-23-49</u> , 19 <u> </u> , that I last saw the deceased alive on <u>8-23-49</u> , 19 <u> </u> , and that death occurred at <u> </u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>L.V. Mulligan, M.D.</u> (Degree or title)				23b. ADDRESS <u>#916 Missouri Theatre Bldg. St. Louis, Missouri</u>		23c. DATE SIGNED <u>8-24-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 27, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Pk. Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>AUG 25 1949 J. B. Foster</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John W. Hemphill 408 S. Filmore Ave Kirkwood Mo.</u>				

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

James H. Hall

Signed _____
Student Embalmer

Licensed Embalmer No. *4441*

P. O. Address *408 S. Filmore*

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.