

THE DIVISION OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24768

State File No.

FILED AUG 15 1951

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. _____		Registrar's No. 6889			
1. PLACE OF DEATH a. COUNTY 0				2. USUAL RESIDENCE (where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2199			
d. FULL NAME OF HOSPITAL OR INSTITUTION Faith Hospital				17. STREET ADDRESS (If rural, give location) 726a N. Taylor					
3. NAME OF DECEASED (Type or Print) a. (First) Genevieve b. (Middle) Robinson c. (Last) Hubert			4. DATE OF DEATH (Month) (Day) (Year) July 31, 1951						
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 25, 1902		9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At. Home		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Richard Robinson			13b. MOTHER'S MAIDEN NAME Jane Craemer		14. NAME OF HUSBAND OR WIFE Charles				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 492-16-1830		17. INFORMANT'S SIGNATURE OR NAME Charles Hubert, 726a N. Taylor				ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ruptured vesophygeal Varix						INTERVAL BETWEEN ONSET AND DEATH 24 hrs		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Cardiac Decompensation						48 hrs		
	DUE TO (c) Atrophic Cirrhotic Liver						?		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) not		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) (Min.) 1:55 PM 7-31-51		21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 58/0					
22. I hereby certify that I attended the deceased from 7-28 , 19 51 , to 7-31 , 19 51 , that I last saw the deceased alive, on 7-31 , 19 51 , and that death occurred at 10:50 p.m., from the causes and on the date stated above.									
23a. SIGNATURE Nicholas J. Stale				(Degree or title) MO		23b. ADDRESS 3801 St. Louis Ave.		23c. DATE SIGNED 7/31/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-3-51	24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.				
DATE REC'D BY LOCAL REG. AUG 1 1951		REGISTRAR'S SIGNATURE J. B. Fawcett			25. FUNERAL DIRECTOR'S SIGNATURE Harrigan-Sheahan, 4700 Washington				

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.

Student
Student Embalmer

Signed

John J. Haines

Licensed Embalmer No. *4108*

P. O. Address *St. Louis 2, 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.