

FILED AUG 25 1951

STANDARD CERTIFICATE OF DEATH

State File No. 28663
Registrar's No. 6851

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No. 28663		Registrar's No. 6851			
1. PLACE OF DEATH a. COUNTY				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 2139					
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis State Hospital				e. STREET ADDRESS (If rural, give location) 5400 Arsenal St.							
3. NAME OF DECEASED (Type or Print) MATHILDA			a. (First)			b. (Middle) ROBESON			c. (Last)		
4. DATE OF DEATH July 29 1951			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			8. DATE OF BIRTH 30, 1893			AGE (In years last birthday) 58-59		
5. SEX Female		6. COLOR OR RACE White		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (State or foreign country) Belleville, Illinois		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME August Wottowa				13b. MOTHER'S MAIDEN NAME Unknown				14. NAME OF HUSBAND OR WIFE Charles H. Robeson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)				16. SOCIAL SECURITY NO.				17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles H. Robeson 4139a Botanical			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ^(a) Alzheimer's disease						INTERVAL BETWEEN ONSET AND DEATH 1948x	
<p><i>Does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i></p>				ANTECEDENT CAUSES DUE TO (b) Status Epilepticus <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>							
				DUE TO (c)							
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>											
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				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)		3532					
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 May 1, 1951, to July 29, 1951, that I last saw the deceased alive on July 29, 1951, and that death occurred at 4:10 p. m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) Betty Harris Simon, M.D.				23b. ADDRESS 5400 Arsenal St.				23c. DATE SIGNED 7/30/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 1, 1951		24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem.		24d. LOCATION (City, town, or county) (State) St. Louis, Mo					
DATE REC'D. BY LOCAL REG. III 21 1951		REGISTRAR'S SIGNATURE J. B. Lasater				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Weick Bros. 2201 So. Grand Blvd.					

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Ronald O. Yankke

Signed.....
Student Embalmer

Licensed Embalmer No. 39617

P. O. Address St. Louis

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 28663
Local Registrar's No. 6851

State of }
County of } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this day of, 194....., before me appears.....
....., who, upon oath, states that the original record of birth
for Mathilda Robeson died 7-29-51, 19....., in the State of
~~xxxx~~ Missouri, and which was filed at on, 19....., should be corrected as follows:

Item No. 7 should read Jan. 30-1893

Instead of Jan. 31-1892

Item No. 8 should read age 58

Instead of 59

Item No. 11 should read Belleville, Ill

Instead of Freeburg

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant Chas H Robeson Inf. Relationship.

4139a Botanical
Present Address.

Subscribed and sworn to before me this 7 day of Aug, 1951

My Commission expires 3-4-53 Earl J. Johnson Notary Public.