

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023336

FILED JUL 13 1959

STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's No. 6274

300
-57
95
0

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, give TOWNSHIP only) OR TOWN St. Louis, Missouri.		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1525 Belt Ave.,		d. STREET ADDRESS (If outside, give location) 1525 Belt Avenue.,	
Length of stay in 1b Years		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Mary Middle Ann Last Robinson			4. DATE OF DEATH Month June Day 30 Year 1959			
--	--	--	--	--	--	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH December 7, 1879	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS
-------------------------	----------------------------------	---	---	---	---	-----------------

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 (City and state or country) St. Louis, Missouri.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	---	---	---

13a. FATHER'S NAME John Rooney	13b. MOTHER'S MAIDEN NAME Margaret Dervin	14. NAME OF HUSBAND OR WIFE James Robinson, dec'd
--	---	---

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. None	17. INFORMANT Cecilia Spalding, 1525 Belt Avenue.,	Address
---	--	--	---------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute PANCREATITIS			INTERVAL BETWEEN ONSET AND DEATH 3 weeks years. 10
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chr. myocarditis			
DUE TO (c) hs. Hypertension			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the terminal disease condition given in PART I (a)) 443x			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION St. Louis, Missouri	COUNTY	STATE
21. I attended the deceased from 1955 to 6/30/59 and last saw her alive on 6/30/59 Death occurred at 8:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE J.W. McShane M.D. (Degree or title)	22b. ADDRESS 4500 Olive St. St. L. Mo.	22c. DATE SIGNED 7/2/59
--	--	-----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-3-59	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, Missouri.
--	----------------------------	---	--

24. FUNERAL DIRECTOR J.W. Clark F.H. 1125 Hodiamont Ave.,	25. DATE RECD. BY LOCAL REG. JUL 2 '59	26. REGISTRAR'S SIGNATURE Loard Smith. M.D.
---	--	---

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MOB

70-1-3556

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
Signature of Student Embalmer

Signed *Harvey Kahle*

Licensed Embalmer No. *4596*
P. O. Address *St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.