

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS APR 12 1960

60-013138

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 3422** STATE FILE NUMBER

1. PLACE OF DEATH. a. COUNTY Mo		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis Mo		Length of stay in 1b 1-Month	c. CITY OR TOWN Normandy Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Incarnate Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2800 Normandy Dr Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Sister Middle Columbanus Last Robinson			4. DATE OF DEATH Month 3 Day 24 Year 60			
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5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-24-1878	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher	10b. KIND OF BUSINESS OR INDUSTRY School Teacher	11. BIRTHPLACE (City and state or country) Ireland	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Patrick Robinson	13b. MOTHER'S MAIDEN NAME Margaret Horan	14. NAME OF HUSBAND OR WIFE None
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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. None	17. INFORMANT Address Sister Mary Albeus 2800 Normandy Dr
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). IMMEDIATE CAUSE (a) Coronary Occlusion (b) Coronary Arteriosclerosis (c) Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 2 weeks
CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last. long study		
PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. long study		PART III. If deceased was female was pregnant or in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

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.) 420.1
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year 3/24/60	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 3/24/60	COUNTY _____ STATE _____
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21. I attended the deceased from **3/24/60** to **3/24/60** and last saw him **alive** on _____
 Death occurred at **1:45** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE George J. Moran MD (Degree or title)	22b. ADDRESS 3903 Olive	22c. DATE SIGNED 3/25/60 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-26-1960	23c. NAME OF CEMETERY OR CREMATORY Incarnate Holy Cemetery	23d. LOCATION (City, town, or county) Normandy Mo

24. FUNERAL DIRECTOR Arthur J. Donnelly ADDRESS 3840 Lindell Blvd	25. DATE RECD. BY LOCAL REG. MAR 25 1960	26. REGISTRAR'S SIGNATURE Geoff Smith, M.D.
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

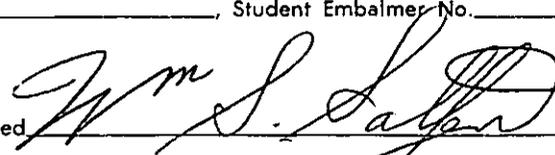
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed



Licensed Embalmer No. 46199

P. O. Address 3840 Linn

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.