

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

37804

State File No. \_\_\_\_\_

FILED NOV 21 1948

Registrar's No. 364

Registration District No. 376

Primary Registration District No. 6074

4000  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Desloge, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
100 South 5th Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community 65 years  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Desloge  
(If outside city or town limits, write "RURAL")

(d) Street No. 100 S. 5th Street  
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Geroge O. Robinson

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17  
year 1948 hour 5 minute 20 a.m.

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Parrie A. Robinson

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased November 6 1864  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 1946  
to Nov 17 1948  
that I last saw him alive on Nov 17 1948  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

84	0	11	hr. min.
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Immediate cause of death Subal heart stop Duration 1 wk

Due to arteriosclerotic cardiovascular disease

9. Birthplace Washington County W  
(City, town, or county) (State or foreign country)

10. Usual occupation Foreman (retired)

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

11. Industry or business Lead Mines

12. Name Samual Robinson

13. Birthplace Washington Co. Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Kathryn Dickey

15. Birthplace Washington, Co. Mo.  
(City, town, or county) (State or foreign country)

Of autopsy 93

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Parrie Robinson

(b) Address 100 S. 5th Street Desloge, Mo

17. (a) burial (b) Date thereof 11-19-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Francois, Mo.

18. (a) Signature of funeral director C. Z. Boyer & Son

(b) Address Desloge, Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury 0

19. (a) 11-17-48 (b) Ether Rudloff  
(Date received local registrar) (Registrar's signature)

23. Signature J. L. Foster (M. D. or other) MD  
Address Desloge, Mo. Date signed Nov 17 48

EMERALD

Health Officer No. 4  
File Number 1148-145  
11-22-4

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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 me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed P. T. Joyce

Licensed Embalmer No. 3660

P. O. Address Osage, 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.**