

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGD SEP 14 1939  
Registration District No. 1008

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis /  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Homer Phillips  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Since 7/24/39  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis / 111  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1712 1/2 Pendleton  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 7  
year 1939 hour 4 minute 05 P. M.  
21. I hereby certify that I attended the deceased from July 24, 1939  
to Aug. 7, 1939, 19\_\_\_\_; that I last saw him alive on Aug. 7, 1939, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive heart disease abt. 10 yrs.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions: Chronic nephritis; uremia 1-unknown  
(Include pregnancy within 3 months of death) 2-5 days

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

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 \_\_\_\_\_  
23. Signature H. J. Lyman (M. D. or other) \_\_\_\_\_  
Address 2607 N. Chitties Date signed 8/10/39

3. (a) PRINT FULL NAME John Robinson 152  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race C 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased October 20, 1887  
(Month) (Day) (Year)

8. AGE: Years 51 Months 9 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation nil 0

11. Industry or business g

12. Name Joseph Robinson  
13. Birthplace unknown /  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Payne  
15. Birthplace Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Fred Robinson  
(b) Address 1712 Pendleton

17. (a) Burial (b) Date thereof aug. 11, 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director F. W. Green  
(b) Address 2915 Franklin Ave.

19. (a) AUG 11 1939 (b) J. B. Braddock  
(Date received local registrar) (Registrar's signature)

**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

Licensed Embalmer No. 2963

P. O. Address 2915 Franklin

**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, above space should be left blank.**