FILED APR 15 1940

V. S. No. 2
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Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8993

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 2476

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks (Specify whether
In this community 63 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis 13
(If outside city or town limits, write "RURAL")

(d) Street No. 2717a S. Kingshighway
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

8. (a) PRINT FULL NAME William H. Robinson

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Johanna Robinson

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

7. Birth date of deceased Sept. 1, 1858
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
81	6	12	hr. min.

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

10. Usual occupation Park Policeman (Retired)

11. Industry or business City of St. Louis

FATHER
12. Name Wm. A. Robinson
13. Birthplace Astubulaha, Ohio
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Clara M. Binnings
15. Birthplace New York New York
(City, town, or county) (State or foreign country)

16. (a) Informant Frank J. Robinson
(b) Address 1649 Lula St. Wellston, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/15/40
(Month) (Day) (Year)
(c) Place: burial or cremation St. Peters

18. (a) Signature of funeral director Sheedmyer & Sons
(b) Address 3934 N. 20th St.

19. (a) MAR 14 1940 (Date received local registrar) (b) J. F. Budich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 13
year 1940 hour 4 minute 00 A.M.

21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Laceration & hemorrhage of brain Laceration Lung Fractures Skull due to Gunshot wounds suffered when Shot will gun in hands of one Harvey Burton, in front of about 2312 Chestnut St. About 4:15 Am Mar. 2 1940

Duration

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 175

Of autopsy

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Justifiable Homicide
(b) Date of occurrence Mar 2 1940
(c) Where did injury occur? St. Louis Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place
(Specify type of place)
While at work? No (e) Means of injury Gun Shot

23. Signature Alfred J. Perry (M. D. or other)
Address Deputy Coroner Date signed 3.14.40

(Licensed Embalmer's Statement on Reverse Side)

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 Alfred J. Boedeker

Licensed Embalmer No. 2663

P. O. Address 4204 Prairie

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.