

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. Louis City Hospital #1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 4 Days  
(Specify whether  
 In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME John Robinson

8. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex MALE 5. Color or race WHITE 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 MAR. 17 - 1865  
(Month) (Day) (Year)

8. AGE: Years 75 Months 9 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation SHEET METAL WORKER

11. Industry or business RETIRED

12. Name PETER ROBINSON

18. Birthplace ALBANY N.Y.  
(City, town, or county) (State or foreign country)

14. Maiden name MARY FITCH

15. Birthplace ALBANY N.Y  
(City, town, or county) (State or foreign country)

16. (a) Informant BYRTIE R. De RENTHA

(b) Address 1173 CLAYTONIA, TER.

17. (a) \_\_\_\_\_ (b) Date thereof DEC 29 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PINE BLUFF, ARK.

18. (a) Signature of funeral director J. P. French

(b) Address 7128 MICHIGAN, N.Y.

19. (a) DEC 22 1940 (b) J. French  
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County \_\_\_\_\_  
 (c) City or town ST. LOUIS  
(If outside city or town limit, write "RURAL")  
 (d) Street No. 6722 MINNESOTA, AV.  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 28,  
 year 1940 hour 5:45 minute A. M.

21. I hereby certify that I attended the deceased from December 25, 19 40 to December 28, 19 40  
 that I last saw h im alive on December 28, 19 40  
 and that death occurred on the date and hour stated above.

Immediate cause of death Transverse myelitis Duration 2 day

Due to Uterotatic Extracranial tumor 1 month

Due to Carcinoma of Prostate Gland 2 yrs.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy none

Duration  
 2 day  
 1 month  
 2 yrs.  
 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) \_\_\_\_\_  
 (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 Reginald H. Howell M. D. or other \_\_\_\_\_  
 Address 1515 Lafayette Avenue Date signed 12/28/40

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

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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.....

*Joe P. Fendler, Jr.*  
.....  
Licensed Embalmer No. *925*  
.....  
P. O. Address *St. Louis*  
.....

**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.**