

MAILED JUN 25 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

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

16590

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. \_\_\_\_\_

4108

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:  
Romer G. Phillips  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 4 days  
(Specify whether years, months or days)  
 In this community 60 years

3. (a) PRINT FULL NAME Lula Robinson

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

4. Sex Female 5. Color or race Col  
 6. (a) Single, widowed, married, divorced Widow  
 6. (b) Name of husband or wife Chas.  
 6. (c) Age of husband or wife if alive deceased years  
 7. Birth date of deceased Oct. 12 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 7 1 hr. \_\_\_\_\_ min.

9. Birthplace Galloway County Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Nil.

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 { 12. Name Daniel Parker  
 { 13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
 { 14. Maiden name Unknown  
 { 15. Birthplace "  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Mamie Robinson  
 (b) Address 1412 Piggott, E. St. Louis, Ill.  
 17. (a) Burial (b) Date thereof May 16 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation E. St. Louis Ill

18. (a) Signature of funeral director [Signature]  
 (b) Address 3517 Col. de Ave  
 19. (a) MAY 10 1941 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1001  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2209 Walnut  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 8 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5- day 13  
 year 1941 hour 8 minute 57 P. M.

21. I hereby certify that I attended the deceased from 5-9-, 1941, to 5-13-, 1941.  
 that I last saw her or alive on 5-13-, 1941.  
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Cervix Duration about 2 Yrs.

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

Other conditions [Signature]  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 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) \_\_\_\_\_  
 (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 [Signature] (M. D. or other) [Signature]  
 Address 2601 N. Whittier St. Date signed 5-14-41

USE CONTINUING 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.

**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. 1173

P. O. Address 3517 So. Claude St.

**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.**