

FILED FEB 24 1942  
Registration District No. **791**

Primary Registration District No. **1003**

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

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:  
Enroute to City Hospital #1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Pauline Edwina Robinson

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased July 22 1940  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>1</u>	<u>5</u>	<u>18</u>	hr. min.

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

10. Usual occupation Nil

11. Industry or business.....

MOTHER FATHER { 12. Name Orvel Robinson

13. Birthplace Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Vera Funk  
(City, town, or county) (State or foreign country)

15. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Vera Robinson

(b) Address 1010 S. 8th St.

17. (a) Burial (b) Date thereof Jan. 13, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Johns Cemetery

18. (a) Signature of funeral director C. N. Zimmerman & Co.

(b) Address 7814 S. Broadway

19. (a) JAN 12 1942 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

Missouri

(a) State..... (b) County.....

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

(d) Street No. 1010 S. 8th st.  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10  
year 1942 hour 6 minute 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.....  
Bronch pneumonia primary

Due to.....

Due to.....

Other conditions.....  
(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 Alfred G. Perry (M. D. or other)  
Address..... Date signed 1/12/42

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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 Louis C. Hoffmeister  
Licensed Embalmer No. 3871  
P. O. Address 7814 S. Broadway

**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.**