

Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH:
 (a) County.....
 (b) City or town..... St. Louis, Mo.
 (c) Name of hospital or institution:
Homer G. Phillips Hospital
 (d) Length of stay: In hospital or institution..... 1 day 11 hrs.
 In this community..... ?

2. USUAL RESIDENCE OF DECEASED:
 (a) State..... Missouri (b) County..... 000
 (c) City or town..... St. Louis
 (d) Street No..... 1709 Gratiot
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME..... Cora Robinson

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month..... January day..... 10,
 year..... 1942 hour..... 5 minute..... 40 P. M.

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

21. I hereby certify that I attended the deceased from..... January 9,
 19..... 42 to..... January 10, 19..... 42;
 that I last saw h..... alive on..... January 10, 19..... 42;
 and that death occurred on the date and hour stated above.

4. Sex..... Female 5. Color or race..... Colored
 6. (a) Single, widowed, married, divorced..... Widowed
 6. (c) Age of husband or wife if alive..... years

Immediate cause of death..... Pulmonary Abscess (Type Undetermined) Indef.
cause unknown

7. Birth date of deceased..... Not Known
 (Month) (Day) (Year)

8. AGE: Years..... About 95 Months..... Days..... If less than one day
 hr..... min.

Due to.....
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)

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

10. Usual occupation..... Housework

Major findings:
 Of operations.....
 Of autopsy.....
PHYSICIAN
 Underline the cause to which death should be charged statistically.

11. Industry or business.....

12. Name..... Not Known
 13. Birthplace..... (City, town, or county) (State or foreign country)

14. Maiden name..... Not Known
 15. Birthplace..... La. (City, town, or county) (State or foreign country)

16. (a) Informant..... Judge Howans
 (b) Address..... 1721 Division Street

17. (a)..... (b) Date thereof..... Jan 14 42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... St. Peters Cemetery

18. (a) Signature of funeral director..... A. L. Beal Und Co.
 (b) Address..... 2726 Lu CAS Ave

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify).....
 (b) Date of occurrence.....

19. (a) JAN 14 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

(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..... J. F. Bredeck (M. D. or other)
 Address..... 2601 Whittier Date signed..... 1/15/42

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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 2649^a Delmar

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.