S. No. 2
—11-10-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 8 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9134

Registration District No. 791 Primary Registration District No. 100 Registrar's No. 2177

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: 1017 N. 7th St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether)

In this community 27 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County — 17 25 7

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

(d) Street No. 1017 N. 7th St. (If rural, give location)

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

3. (a) PRINT FULL NAME JAMES E. ROBERTSON

3. (b) If veteran, name war —

3. (c) Social Security No. 498-05-8779

4. Sex MALE

5. Color or race NEGRO

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

6. (b) Name of husband or wife Elizabeth Robertson

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased December 25 1889 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
52	2	11	hr. — min.

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

10. Usual occupation Poultry Picker

11. Industry or business —

FATHER
12. Name Hoster Robinson
13. Birthplace (City, town, or county) Alabama (State or foreign country)

MOTHER
14. Maiden name Sallie N. Brown
15. Birthplace (City, town, or county) Tenn (State or foreign country)

16. (a) Informant Walter Robinson

(b) Address 1017 N. 7th St.

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

(c) Place: burial or cremation Jackson Tenn.

18. (a) Signature of funeral director Metropolitan F.H.

(b) Address 3028 Dickson

19. (a) MAR 10 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 6th year 1942 hour 2 minute 8 M.

21. I hereby certify that I attended the deceased from Feb 23, 1942, to March 6, 1942, that I last saw him alive on March 6, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulm. Tb.	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature M. A. Newell (M. D. or other) M.D.

Address 2335 Franklin Date signed 3-7-4

844 (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 Chas. L. Howell

Licensed Embalmer No. 24520

P. O. Address 3028 Dickson

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.