

STANDARD CERTIFICATE OF DEATH

19950
State File No. _____
Registrar's No. 5560

FILED JUL 13 1942 791

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 11 days
In this community Indef. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Missouri (b) County 17
(c) City or town St. Louis, 921
(d) Street No. 2224 Delmar
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Robinson
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 5, year 1942 hour 4 minute 10 A. M.
21. I hereby certify that I attended the deceased from May 25, 1942 to June 5, 1942 that I last saw him alive on June 5, 1942 and that death occurred on the date and hour stated above.

4. Sex Male 2 5. Color or race Negro 6. (a) Single, widowed, married, divorced, or married
6. (b) Name of husband or wife Mamie Robinson 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 4, 1871 (Month) (Day) (Year)

Immediate cause of death Hypertensive Heart Disease with De-compensation. Duration Unknown

8. AGE: Years 71 Months 2 Days 1 If less than one day hr. _____ min. _____

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

9. Birthplace Ala. 1 (City, town, or county) (State or foreign country)
10. Usual occupation Nil

11. Industry or business _____
12. Name Reuben Robinson
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
14. Maiden name Marrah Canfield
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Shirley Smith
(b) Address 2601 N. Whitaker
(c) Date thereof 6-8-42 (Month) (Day) (Year)
(d) Place: burial or cremation Washington D.C.

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 _____

18. (a) Signature of funeral director W. R. Risher
(b) Address 2509 Birtwood
19. (a) JUN 29 1942 (Date received local registrar) (b) J. S. Bueck (Registrar's signature)

23. Signature J. E. Smith (M. D. or other) Address 2601 N. Whitaker Date signed 6-42

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

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MOTHER FATHER

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.....

P. O. Address.....

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.