

FILED DEC 11 1942
Registration District No. 318

Primary Registration District No.

Registrar's No. 9834

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1721 Division Street
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State..... St. Louis, Mo. County.....
000
17
9

(c) City or town..... (If outside city or town limits, write "RURAL")
1721 Division Str

(d) Street No..... (If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

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

3. (b) If veteran, name war..... No

3. (c) Social Security No..... No

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month..... Nov day..... 23
year..... 1942 hour..... 10 minute..... 30 AM.

4. Sex..... Female 5. Color or race..... Colpred

6. (a) Single, widowed, married, divorced..... Single 0

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

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

7. Birth date of deceased..... June 30th 1942
(Month) (Day) (Year)

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.

8. AGE: Years Months Days If less than one day
4 23
hr. min.

Immediate cause of death.....
Bronchitis pneumonia primary

Due to.....

Due to.....

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

Other conditions..... (Include pregnancy within 3 months of death)
107

10. Usual occupation..... None

11. Industry or business.....

Major findings:
Of operations.....
Of autopsy.....

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

MOTHER FATHER { 12. Name..... Herbert Robinson

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

14. Maiden name..... Worine Scott

15. Birthplace..... Greenville, Miss. (City, town, or county) (State or foreign country)

16. (a) Informant..... Worine Robinson

(b) Address..... 1721 Division Street

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof..... Nov 25 1942
(Month) (Day) (Year)

(c) Place: burial or cremation..... Greenwood

(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?.....

18. (a) Signature of funeral director..... A. L. Beal Und Co.

(b) Address..... 2726 Lucas Ave.

While at work?..... (Specify type of place)

(e) Means of injury.....

19. (a) NOV 25 1942 (Date received local registrar)

J. J. Brueck (Registrar's signature)

23. Signature..... Alfred Perry (M. D. or other)

Address..... Date signed..... 11/25/42

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

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

Clark Young

Licensed Embalmer No.

33718

P. O. Address

St. Louis

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.