

Registration District No. **318**

Primary Registration District No. **1003**

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:  
**1908 N. Taylor ave**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community..... **30 years** (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1908 Taylor ave**  
(If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **George Robinson**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **Male** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Addie Robinson** 6. (c) Age of husband or wife if alive **53** years

7. Birth date of deceased **November 8th 1885**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**57** **0** **26** hr. min.

9. Birthplace **Mt. Vernon Ill.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Labor**

11. Industry or business **Pvt. Family**

12. Name **James Robinson**

13. Birthplace **Mt. Vernon Ill.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Emma Sisel**

15. Birthplace **Perryville Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Addie Robinson**

(b) Address **1908 N Taylor**

17. (a) **Burial** (b) Date thereof **12/9/42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood Cemetery**

18. (a) Signature of funeral director **C. W. Roberts**

(b) Address **3035 Lucas ave**

19. (a) **DEC 9 1942** (b) **J. F. Prudeck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **4th** year **1942** hour **6** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **10-30-42** to **12-4-42**  
that I last saw him alive on **10-29-42** and that death occurred on the date and hour stated above.

Immediate cause of death: **Hypertensive Heart Disease**  
**Myocardial infarction**  
**chronic nephritis**

Due to.....  
Due to.....  
Other conditions (Include pregnancy within 3 months of death) **1/31**

Major findings: Of operations.....  
Of autopsy..... **1/31**

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 **Robert M. Scott** (M. D. or other)  
Address **3007 Easton ave** Date signed **12-7-42**

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

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 Mr.  
....., Registered Apprentice No. 498-  
working under my personal supervision.

Signed Fulton E. Culkin  
Licensed Embalmer No. 498  
P. O. Address St. Louis Mo.

**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.**