

FILED FEB 4 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 891

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:
4247 West Belle Pl.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... 35 years
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..... 4247 West Belle Pl.
(If rural, give location)
(e) Citizen of foreign country?..... no (Yes or No)
If yes, name country..... --

3. (a) PRINT FULL NAME Clara Sarah Robinson

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

4. Sex..... Female 5. Color or race..... Negro 6. (a) Single, widowed, married, divorced..... Married
6. (b) Name of husband or wife..... Walter Robinson 6. (c) Age of husband or wife if alive..... 51 years

7. Birth date of deceased..... March 8th., 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 10 19 hr. min.

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

10. Usual occupation..... Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name..... John Sexton
13. Birthplace..... Jiberty, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name..... Sarah Chapman
15. Birthplace..... Unavailable Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant..... Juanita Vivien Johnson

(b) Address..... 4247 West Belle Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof..... 1-28-1943
(Month) (Day) (Year)

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

18. (a) Signature of funeral director..... Chas. J. Gates

(b) Address..... 4107 Finney Avenue.

19. (a) JAN 28 1943 (Date received local registrar) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25th.
year 1943 hour 4:45 minute a. M.

21. I hereby certify that I attended the deceased from Jan 9 - 1943 January 25th, 1943
that I last saw her alive on January 24th. 1943
and that death occurred on the date and hour stated above.

Immediate cause of death..... Lalsupper Duration 7

Due to..... Acute Valvular Heart Disease

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

Major findings: Of operations..... 92 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?

While at work? (Specify type of place) Means of injury.....
23. Signature..... Samuel Stifford (M. D. or other)
Address..... 925 N. Jefferson Ave. Date signed..... 1-27-43

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.....

William C. McDowell

Registered Apprentice No.

working under my personal supervision:

Signed.....

William C. McDowell

Licensed Embalmer No. 2114

P. O. Address 1711 N. Taylor Ave

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.