V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 694

JAN 21 1943

Registration District No. 318 Primary Registration District No. Registrar's No. 367

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:
BARNES HOSPITAL O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 34 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ~~18~~ 000

(c) City or town St Louis 9 22
(If outside city or town limits, write "RURAL")

(d) Street No. 214 S. Beaumont
(If rural, give location)

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

3. (a) PRINT FULL NAME Inez 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 Charles Robinson

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased June (Month) 12 (Day) 1908 (Year)

8. AGE: Years 34 Months 7 Days 1 If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business At Home

FATHER
12. Name Frank Bell
13. Birthplace Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lillie Brent
15. Birthplace St. Louis (City, town, or county) Mo O (State or foreign country)

16. (a) Informant Lillie Bell
(b) Address 214 So. Beaumont

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-18 43 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Atkins Bros
(b) Address 3644 Finney Ave

19. (a) JAN 22 1943 (Date received local registrar) (b) J. F. Predeck (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month January day 13
year 1943 hour 2 minute 55 A.M.

21. I hereby certify that I attended the deceased from January 7, 1943, to January 13 1943;
that I last saw her alive on January 13, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Temporal lobe brain abscess - left	14 da
Basilar meningitis	" "
Due to Chronic petrousitis - left	
due to Chronic mastoiditis - left	5 wks
Due to	
Other conditions (Include pregnancy within 3 months of death) Premature delivery of 7½ mo child on Nov. 3, 1942 at Homer Phillips Hosp	

Major findings:
Of operations

Of autopsy Brain abscess, meningitis, petrousitis + mastoiditis

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 C. Barber Mueller (M. D. or other) MD.
Address BARNES HOSPITAL Date signed 1-13-43

(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 Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finney

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.