S. No. 2
—11-10-39
. 5-17-39
>I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4704

FILED FEB 16 1943

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 1065

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
Homer G. Phillips Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo. 5 days (Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED: 000 12 1 2

(a) State Missouri (b) County _____

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

(d) Street No. 2800 Bernard
(If rural, give location)

(e) If foreign born, how long in U. S. A.? O years.

3. (a) PRINT FULL NAME DeJoyce Robinson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race Negro

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased December (Month) 24 (Day) 1942 (Year)

8. AGE: Years	Months	Days	If less than one day
✓	1	5	_____ hr. _____ min.

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

10. Usual occupation Infant

11. Industry or business _____

FATHER
12. Name Thomas Robinson
13. Birthplace _____ (City, town, or county) Mississippi (State or foreign country)

MOTHER
14. Maiden name Eddie Louise Barnett
15. Birthplace St. Louis (City, town, or county) Missouri O (State or foreign country)

16. (a) Informant Eddie Louise Robinson
(b) Address 2800 Bernard St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feby. 2 '43 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Russell Undt. Co.
(b) Address 2732 Pine Street

19. (a) FEB 2 1943 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 29, year 1943 hour 6 minute 35 P. M.

21. I hereby certify that I attended the deceased from December 24, 1942 to January 29, 1943 that I last saw her alive on January 29, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	1 week.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations _____
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? _____ (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature E. L. Dickson (M. D. or other)
Address 2601 Whittier Date signed 2/1/43

(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 Joel Russell

Licensed Embalmer No. 4112

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, above space should be left blank.