V. S. No. 2
50M—5-42
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

7696

State File No. 2

FILED MAR 11 1943

Registration District No. 1984

Primary Registration District No. 200

Registrar's No. 412

96
0
0

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

1. PLACE OF DEATH:

(a) County Saint Louis

(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
7104 Page /
(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: 96

(a) State Missouri (b) County St. Louis 0

(c) City or town ..... (If outside city or town limits, write "RURAL") 0

(d) Street No. Rural 7104 Page, Blvd.,
(If rural, give location)

(e) Citizen of foreign country? No. [illegible] (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Frank S. Robinson

3. (b) If veteran, name war unknown

3. (c) Social Security No. None

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married /

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

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased January (Month) 6 (Day) 1875 (Year)

8. AGE: Years 68 | Months 1 | Days 11 | If less than one day ..... hr. ..... min.

9. Birthplace Minneapolis (City, town, or county) Minnesota / (State or foreign country)

10. Usual occupation Tourist Camp Prop.

11. Industry or business

FATHER
12. Name Charles S. Robinson
13. Birthplace ..... (City, town, or county) New Jersey / (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) ..... (State or foreign country) 9

16. (a) Informant Mrs Frank S. Robinson
(b) Address 7104 Page - St. Louis Co.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/20/43 (Month) (Day) (Year)
(c) Place: burial or cremation Minneapolis - Minn

18. (a) Signature of funeral director C.R.Lupton & Sons
(b) Address 7233 Delmar Blvd.

19. (a) FEB 17 1943 (Date received local registrar) (b) C. G. McGavron, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17th year 1943 hour ..... minute 3 am.

21. I hereby certify that I attended the deceased from Sept. 1, 1942, to Feb. 17, 1943 that I last saw him alive on Feb. 16, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Congestive Heart Failure	10 days
Due to Hypertensive Heart Disease	5 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy
93d

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 [illegible] (M. D. or other) M.D.

Address 401 Humboldt Bldg. Date signed 2/17/43

(Licensed Embalmer's Statement on Reverse Side)

St. Flavin
Humboldt Bldg.
(12-12:30) Wed.
NE 1255

MAR 14 1949

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 Clarence H. Murray

Licensed Embalmer No. 4011

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.