

**FILED JUL 24 1943**

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **6513**

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:  
**Missouri Pacific Hospital**  
(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)

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

3. (b) If veteran, name war **Spanish-American**

3. (c) Social Security No. ....

4. Sex **Male**

5. Color or race **White**

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

6. (b) Name of husband or wife **Leta Viola Robbins**

6. (c) Age of husband or wife if alive **51** years

7. Birth date of deceased **December 2 1878**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

**64 7 16** hr. min.

9. Birthplace **Cincinnati Ohio**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Switchman**

11. Industry or business **Terminal RR.**

12. Name **Clifford Robbins**

13. Birthplace **Ohio**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

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

16. (a) Informant **Mrs. Leta V. Robbins**

(b) Address **2615 S. Penrose St.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **July 20, 43**  
(Month) (Day) (Year)

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

18. (a) Signature of funeral director **C. Hoffmeister U. S. L. Co.**

(b) Address **7814 S. Broadway**

19. (a) **JUL 19 1943** (Date received local registrar) (b) **J. F. Prudek** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County.....

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

(d) Street No. **3731 A. N. Broadway**  
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **16**  
year **1943** hour **8** minute **23 P.M.**

21. I hereby certify that I attended the deceased from **July 14**, 1943, to **July 16**, 1943;  
that I last saw him alive on **July 16**, 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Branchopneumonia**  
**Chronic myocarditis**  
**" nephritis**

Due to.....

Due to.....

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

Major findings:  
Of operations.....

Of autopsy.....

Duration

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) (e) Means of Injury.....

23. Signature **Harol Steele** (M. D. or other)  
Address **1755 S. Grand** Date signed **7/16/43**

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.....

*Louis C. Hoffmeister*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Louis C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broadway*

**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.**