

JUL 31 1943

Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:  
 (a) County St. Louis  
 (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
City Sanitarium 2  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 32yrs 6mos 23ds  
(Specify whether  
 In this community 43 years  
years, months or days)

3. (a) PRINT FULL NAME JESSIE ROBINSON  
 3. (b) If veteran, name war -  
 3. (c) Social Security No. -

4. Sex female / race White  
 5. Color or race White  
 6. (a) Single, widowed, married, divorced mar /  
 6. (b) Name of husband or wife ?  
 6. (c) Age of husband or wife if alive 4 years 1870  
 7. Birth date of deceased September 4 1870  
(Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 16  
 If less than one day - hr. - min.

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

10. Usual occupation none

11. Industry or business  
 12. Name Ned Devanna  
 13. Birthplace unknown Germany 4  
(City, town, or county) (State or foreign country)  
 14. Maiden name Jessie Devanna  
 15. Birthplace unknown Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Thelma A. Sengler  
 (b) Address 5400 Arsenal St

17. (a) BURIAL (b) Date thereof JULY 24 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Cullen Killy  
 (b) Address 214 7th St

19. (a) JUL 24 1943 (b) J. F. Priderick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County 000 17  
 (c) City or town St. Louis 913  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 5400 Arsenal  
(If rural, give location)  
 (e) Citizen of foreign country? yes (Yes or No)  
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20  
 year 1943 hour 2:00 minute A. M.

21. I hereby certify that I attended the deceased from 7-1-1936 1936 to July 20 1943  
 that I last saw her alive on July 20 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death:  
Broncho Pneumonia 10 hrs  
Fibrous Pericarditis  
Pulmonary Tuberculosis 1943x

Due to -  
 Due to -

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
 Of operations 1/2  
 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 M. L. Moore (M. D. or other) MD  
 Address 5400 Arsenal St Date signed 7/23/43

*rep cert to be filed*

**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.....

*CHAI YE YANG* Licensed Embalmer No. *5428*

*111 N Y ST AY 1A*  
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, fact should be so stated above.**