

AUG 18 1943
Registration District No. **1818**

Primary Registration District No. **1003**

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

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
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **20 days**
In this community **28 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
17

(c) City or town **St. Louis,** **722**
(If outside city or town limits, write "RURAL")

(d) Street No. **2220 Hickory**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Lucille Robinson**

3. (b) If veteran. name war _____ **3. (c) Social Security** No. _____

4. Sex **cf -** **5. Color or race** **Col.** **6. (a) Single, widowed, married,** **1 divorced, married**

6. (b) Name of husband or wife **Edward W.** **6. (c) Age of husband or wife if** **alive** **60** **years**

7. Birth date of deceased **Feb 13th 1886**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
57	5	27	hr. _____ min. _____

9. Birthplace **Eureka Springs Miss.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **John Williams**

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

14. Maiden name **Hennetta Chanclor**

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

16. (a) Informant **Edw W. Robinson**

(b) Address **2220 Hickory St**

17. (a) Burial **(b) Date thereof** **8-16-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park**

18. (a) Signature of funeral director **J. F. Beedeck**

(b) Address **3733 Ball Ave**

19. (a) AUG 13 1943 **(b) J. F. Beedeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **10,**
year **1943** hour **2** minute **25 Q.** M.

21. I hereby certify that I attended the deceased from **July**
21, **1943** **to** **August 10,** **1943**
er **August 10,** **1943**
that I last saw him/her alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death
Hypertensive Heart Disease
Old Hemiplegia

Due to _____
Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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 **J. E. Smith** **(M. D. or other)**
Address **2601 Whittier** **Date signed** **8/11/43**

Duration
Unk.
Unk.

PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

S. J. Watson

Licensed Embalmer No. *2498*

P. O. Address *2769 Chouteau*

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.