

FILED DEC 29 1943 18

Registration District No. _____

Primary Registration District No. _____

1003

Registrar's No. 11195

1. PLACE OF DEATH:

(a) County _____
 (b) City or town Saint Louis,
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Homer G. Phillips
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town Saint Louis,
(If outside city or town limits, write "RURAL")
 (d) Street No. 4359 St. Ferdinand Avenue
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Samuel J. Robinson

(b) If veteran, name war _____ (c) Social Security No. None

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife Juliett B. B. 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased July 20, 1878
(Month) (Day) (Year)

8. AGE: Years 65 Months 4 Days 23
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business Odd jobs

12. Name Unavailable- Robinson

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

14. Maiden name None

15. Birthplace None
(City, town, or county) (State or foreign country)

16. (a) Informant Berenice Tripp

(b) Address 4359 St. Ferdinand Avenue

17. (a) Burial (b) Date thereof 12/16/1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Charles J. Gates

(b) Address 4107 Finney Avenue

19. (a) DEC 15 1943 (b) J. J. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 13,
 year 1943 hour 7:45 minute A.M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-renal Vascular Disease

Due to _____

Due to 131

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. Signatures [Signature] (M.D. or other) 12/15/1943
 Address 4359 St. Ferdinand Avenue Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

STATEMENT BY LICENSED EMBALMER

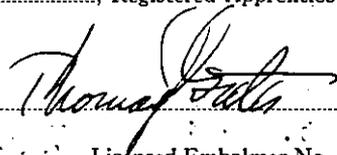
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Thomas J. Gates

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. **4259**

P. O. Address. **4107 Finney Avenue**

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.