

FILED JAN 3 1945  
Registration District No. 2947

Primary Registration District No. 6076

Registrar's No. 2943

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

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Glendale  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
72 W. Frederick Lane  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ (Specify whether)  
years, months or days

3. (a) PRINT FULL NAME William James Robinson,

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
3. (c) Social Security No. 189-01-5346

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Anna Rose Schneider  
6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased August 3rd, 1887  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
56 4 23 hr. \_\_\_\_\_ min.

9. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Treas. Cupples Co.

11. Industry or business Stationary

MOTHER FATHER { 12. Name Thomas Robinson,  
13. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Margaret Churchill  
15. Birthplace St. Louis Mo 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wm. J. Robinson

(b) Address 72 W. Frederick Lane

17. (a) Burial (b) Date thereof 12/28/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address 6633 Clayton Road

19. (a) DEC 29 1943 (b) C. J. McShaven, Jr.  
(Date received local burial) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96  
(c) City or town Glendale 11  
(If outside city or town limits, write "RURAL")  
(d) Street No. 72 West Frederick Lane  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26  
year 1943 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb. 19<sup>th</sup>, 1943 to 12/26/43, 19\_\_\_\_;  
that I last saw him alive on 12/26/43, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Uraemic Coma. 3 days.

Due to Chronic Interstitial Nephritis 1 1/2 yrs.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy No autopsy 1316

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 md

23. Signature Albert Baishath (M. D. or other) md  
Address 3548 S. Grand Blvd. Date signed 12/27/43

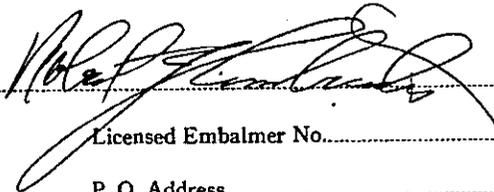
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**STATEMENT BY LICENSED EMBALMER**

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 .....

Licensed Embalmer No.....

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.**