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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16696

FILED JUN 9 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4809

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS, MO.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 443 So. Jefferson 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 40 Yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000 12 9½

(c) City or town ST. Louis 39
(If outside city or town limits, write "RURAL")

(d) Street No. 443 So. Jefferson
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME John Robinson

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Genevia Robinson

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

7. Birth date of deceased 12 (Month) — 6 (Day) — 88 (Year)

8. AGE: Years 55 Months 5 Days 12 If less than one day hr. min.

9. Birthplace Mississippi (City, town, or county) 1 (State or foreign country)

10. Usual occupation Labor

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace " " (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace " " (City, town, or county) 9 (State or foreign country)

16. (a) Informant Vera Finney
(b) Address 1930 N. Whittier

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/25/44 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Hunn Funeral Home
(b) Address 215 So. Jefferson Ave

19. (a) MAY 25 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18 year 1944 hour 7 minute 50 AM

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

Immediate cause of death Chronic. hyperlipoly Myocarditis

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? (Specify type of place)

While at work? (e) Means of injury 3

23. Signature Thomas F Callaner (M. D. or other)

Address Deputy Coroner Date signed 5-25-44

(Licensed Embalmer's Statement on Reverse Side)

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.