

FILED DEC 15 1944

Registration District No. _____

318

Primary Registration District No. _____

1003

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3916 Westminster Place
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Thomas F. Robinson

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

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

6. (b) Name of husband or wife Frances Brown
6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased October 26 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>1</u>	<u>8</u>	_____ hr. _____ min.

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

10. Usual occupation Clerk

11. Industry or business Rooming House

12. Name Simon Robinson

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

14. Maiden name Dont know

15. Birthplace Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frances Robinson

(b) Address 3916 Westminster Place

17. (a) Burial (b) Date thereof 12-6-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Cullinane Bros.

(b) Address 1710 N. Grand Blvd.

19. (a) DEC 5 1944 (b) J F Bradeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3916 Westminster Place
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4
year 1944 hour 6 minute 52 a M.

21. I hereby certify that I attended the deceased from October 27, 1944 to Dec 4, 1944
that I last saw him alive on Dec 4, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral accident Duration 5 da

Due to Hypertensive Cardio Vasculare 1 mo

Due to Hypertrophic Prostate 1 yr

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

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 Francis Conway (M. D. or other) MD
Address 1259 N. Kuyper Highway Date signed 7/4/44

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

MOTHER FATHER

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 Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo.

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.