S. No. 2
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v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

978

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 5 1945

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39743

Primary Registration District No. 1003

Registrar's No. 10991

1. PLACE OF DEATH:

(a) ~~County~~ St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Homer Phillips
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether

In this community — 0 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County MO

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2821 Dickson 21
(If rural, give location)

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

If yes, name country U

3. (a) PRINT FULL NAME Elet Robinson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Col

6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ 2

6. (b) Name of husband or wife

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

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

8. AGE: Abt 46 Years | Months — | Days — | If less than one day hr. — min.

9. Birthplace Layville La. (City, town, or county) (State or foreign country)

10. Usual occupation Hod. carrier

11. Industry or business General contractor

FATHER
12. Name John Robinson
13. Birthplace ~~Caroline~~ La. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Caroline 2
15. Birthplace La (City, town, or county) (State or foreign country)

16. (a) Informant Leona Smith

(b) Address 14 N. Grand

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-26-44 (Month) (Day) (Year)

(c) Place: burial or cremation Rosayville La.

18. (a) Signature of funeral director C. Young

(b) Address 2620 Lawton

19. (a) DEC 26 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 20 1944
year 1944 hour 8 minute 15 P M.

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 Myocarditis

Due to Vegetative Endocarditis Chr

Due to 92 d

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 Alfred J. Perry (M. D. or other)

Address [illegible] Date signed 12/23/44

(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. Clark Young

Licensed Embalmer No. 3371

P. O. Address St. Louis

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.