

FILED DEC 29 1944

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **10706**

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:
2435 Dickson Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community **50 years**
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County _____
(c) City or town **St. Louis, Mo**
(If outside city or town limits, write "RURAL")
(d) Street No. **2435 Dickson**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Jesse Robinson**
(b) If veteran, name war **none**
(c) Social Security No. **no**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Dec** day **12**
year **1944** hour **10** minute **40 P.M.**
21. I hereby certify that I attended the deceased from **Nov 10**, 19**44** to **Dec 12**, 19**44**
that I last saw him alive on **Dec 11**, 19**44**
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Luvinia Robinson** 6. (c) Age of husband or wife if alive **70** years
7. Birth date of deceased **March 15, 1873**
(Month) (Day) (Year)

Immediate cause of death
Complicated by Pneumonia
Duration _____

8. AGE:	Years	Months	Days	If less than one day
	71	8	27	hr. _____ min. _____

Due to **Complicated by Pneumonia**
Due to _____
Other conditions (Include pregnancy within 3 months of death) **33a**

9. Birthplace **Miss. 1**
(City, town, or county) (State or foreign country)
10. Usual occupation **none**

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name **Unknown**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Luvinia Robinson**
(b) Address **2435 Dickson**
17. (a) **Burial** (b) Date thereof **Dec. 18, 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Greenwood cem.**

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? _____

18. (a) Signature of funeral director **Dement & Son**
(b) Address **2629-31 Cole Street**
19. (a) **DEC 15 1944** (b) _____
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature **J. L. Wilder** (M. D. or other)
Address **2435 Dickson** Date signed **12/15/44**

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *W. Claude Gordon*

Licensed Embalmer No..... *3489*

P. O. Address..... *45-75 Aldine*

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.