

U.S. No. 2
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Rev. 5-17-39
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State File No. 15521
Registrar's No. 4464

FILED JUN 4 1945
Registration District No. 318

Primary Registration District No. 1003

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

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17
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1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (c) Name of hospital or institution: 4526 Cottage Ave.
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME Roscoe Robinson
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Leona Robinson 6. (c) Age of husband or wife if alive 40 years
 7. Birth date of deceased Aug. 14-1899 (Month) (Day) (Year)

8. AGE: Years <u>45</u>	Months <u>9</u>	Days <u>3</u>	If less than one day _____ hr. _____ min.
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9. Birthplace Mississippi (City, town, or county) (State or foreign country)
 10. Usual occupation Porter
 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)

MOTHER FATHER {
 16. (a) Informant Leona Robinson
 (b) Address 4526 Cottage Ave.
 17. (a) Burial (b) Date thereof May-22-45 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Greenwood Cemetery
 18. (a) Signature of funeral director Russell Und. Co.
 (b) Address 2732 Pine Street
 19. (a) MAY 26 1945 (Date received local registrar) J. B. Breda (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000
 (a) State Missouri (b) County 13
 (c) City or town St. Louis (If outside city or town limits, write "RURAL")
 (d) Street No. 4526 Cottage Ave. (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17 year 1945 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death Coronary Thrombosis
 Due to _____
 Due to 94a
 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?
 While at work? _____ (Specify type of place)
 Means of injury _____
 23. Signature W. J. Perry (M. D. or other)
 Address _____ Date signed 5/24/45

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

Joel Russell

Licensed Embalmer No.

4712

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.