

FILED JUN 11 1945

Registration District No. 377

Primary Registration District No. 2002

Registrar's No. 1284

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town University City,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
residence-7543 Washington Blv'd.,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community life time
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 7543 Washington Blv'd.,
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CLARENCE M. ROBINS

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Jessie Lee Robins 6. (c) Age of husband or wife if alive 13 years
7. Birth date of deceased March 13 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 2 21 hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Salesman.

12. Name Robins.
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 Mrs. Jessie Lee Robins

(b) Address 7543 Washington Blv'd., U. City

17. (a) cremation (b) Date thereof 6-5-45.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director C. R. Lupton & Sons

(b) Address 7233 Delmar Blv'd., St. Louis

19. (a) JUN 5 1945 (b) E. G. McParson MD
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3
year 1945 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from June 2
1945 to June 3, 1945;

that I last saw him alive on June 3, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 1 da

Due to Thrombosis - coronary

Due to 94a

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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 Island Schepfer (M. D. or other)

Address 4500 Olive Date signed 6/3/45

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

MOTHER FATHER

Dr. Roland Kieffer,
4500 Olive Street,
Fo-3800
Hours 1-3 P.M.

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. 2122
P.O. Address Dr. Louis M

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.